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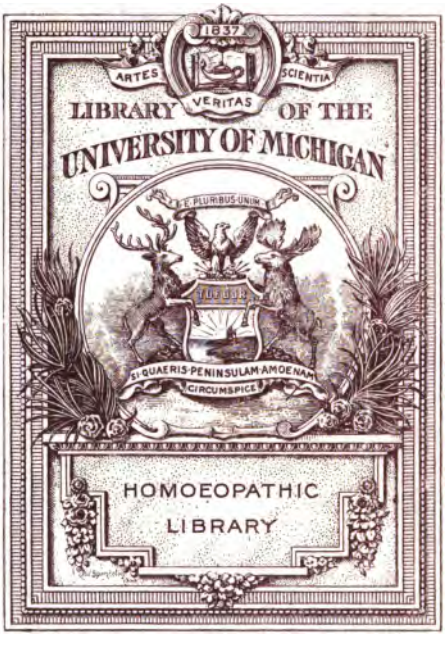
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THE MEDICAL COUNSELOR

A MONTHLY JOURNAL DEVOTED TO THE BEST INTERESTS OF HOMŒOPATHY.

"Amicus Plato, amicus Socrates, sed magis amica veritas."

VOLUME V.

APRIL TO SEPTEMBER, 1881.

H. R. ARNDT, M.D.,
EDITOR.

CHICAGO:
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H. R. ARNDT, M.D.,
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The editor does not hold himself responsible for opinions expressed by contributors. Articles for publication, books for review and exchanges must be addressed to Dr. H. R. Arndt, No. 62 Monroe street, Grand Rapids, Mich. Subscriptions, advertisements, etc., must be addressed to W. A. Chatterton, Nos. 83 and 85 Fifth Avenue, Chicago, Ill.

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EDITORIAL.

MEN who seek to lead the masses from the darkness of error into the bright sunshine of truth, require not only clearness of perception and firmness of conviction, but a reasonable degree of caution, lest, carried away by their zeal, they make statements which are utterly untenable, or so express themselves that propositions, in themselves sufficiently correct to pass unchallenged, become preposterous in appearance, or unmeaning forms of speech from shere carelessness of expression.

Dr. Ad. Lippe closes with the following words an article (*Homœopathic Physician*, March, 1881,) on "Fatal Errors": "Let us now, while it is yet time, correct this fatal error; let us denounce every homœopathic physician who administers Quinine for intermittent fever as an apostate; and a professor, who by his teaching leads the way to such abominable practice, as undeserving the trust he holds."

We presume, the venerable gentleman who penned the above lines, meant to apply this remark to the use of *crude* doses of Quinine in intermittent fever, for the article from which we have quoted commences with this sentence: "It is a fatal error for a professedly homœopathic physician to administer crude doses of Chininum sulfuricum for the cure of intermittent fever, or for any other purpose." Even if this be the case, the statement is just a little too strong, for the use of Quinine in a crude form, in cases to which this drug is homœopathic, is no violation of the law of cure; it is merely a question of expediency, of wisdom or of folly.

For at least ten years we have not had one grain of Quinine, crude or potentized, in our office; neither do we send prescriptions for Quinine to drug-stores or pharmacies; hence the most immoderate condemnation of this drug does not affect us personally. But we intend to reserve for ourselves and others the right to use Quinine,

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crude or potentized, whenever we consider the drug homœopathic to any case under our care. It is about time that leaders in the school should become a little more guarded in making statements which, only too often, are little more than wholesale accusations, calculated to do absolute harm, where a deliberate and moderate expression of personal views would be received respectfully, and would, in all probability, do the best of service.

The number of "*fatal* errors" which the keen vision of the venerable Dr. Lippe discovers, is absolutely numberless; they have filled page after page of the lamented *Organon*, until they proved "*fatal*" to that enterprise, and they are now continued in the *Homœopathic Physician*. What will be the result?

AND while we are speaking of "unguarded statements," our eye falls upon the editorial of the very same number of the very same journal to which we have already referred. The following language is interesting: "The mongrel homœopath sillily proclaims there is a law for easy simple diseases, while only empiricism can cope with the graver forms of disease. In other words, a law is good enough for simple cases, but for real difficult work guesses and individual opinions are best."

Of course, different parties might, and would, differ in their definition of the term "mongrel homœopaths," and the sense or nonsense of the statement itself would be greatly modified by such definition. Remembering, however, that the term is here used by the editor of the organ of the extreme Hahnemannians, it must be meant to include all who are not contributors or subscribers to the *Homœopathic Physician*, or who do not feel disposed to worship at the shrine of Transcendentalism, for any other meaning would be utterly at variance with the modest and unassuming policy of that "wing." But, no matter who is meant, the statement is utterly absurd when applied even to the bulk of the profession, including many men whose understanding of the principles of homœopathic practice is anything but clear.

Two months ago we were forced to criticise severely a recent publication whose author betrayed, as we thought, a lack of judgment and of fairness in dealing with those who believe in the dynamic action of remedies, a doctrine to which we heartily subscribe. But the language used in that publication was not as offensive, not as unjust, not as much out of place, not as untrue as are statements constantly made by gentlemen whose age alone should save them from being unjust and absurd. Can the old and strong men in the profession expect and demand moderation and courteous behavior from their juniors, when *they* make statements so sweeping that they become perversions of the truth, and clothe those statements in language which might be in place in a political caucus, but is inexcusable in the pages of a medical journal? "Where men are the most sure and arrogant, they are commonly the most mistaken, and have there given reins to passion without that proper deliberation and suspense which can alone secure them from the greatest absurdities."—*Hume.*

LEADING German sociologists are seriously considering the wisdom of lessening the birth-rate in Germany—the large average of which they hold to be an important factor in the alleged increase of poverty and crime in that country—by restricting marriages, and by encouragtng habits of life which shall lessen the number of births.

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Those acquainted with German life, especially with the home-life of the lower classes, as mechanics, peasants, small tradesmen, and day-laborers, are aware that there are, and have been, in existence restrictions to marriage, which make it very difficult for the poorer classes to have homes of their own at an age when the purifying influences and comforts of a home are most appreciated and needed. The claims of military duty alone upon all able-bodied men interferes sadly with the prospects of those whose comforts and success in life depends upon their own exertion, and few men of this class can think of marriage until the spring-time and summer of their life have passed. Even the better classes suffer severely from unjust marriage laws. Inferior officers of the government, i. e., men who cannot rise to a comfortable salary on account of their not possessing a university education, and the lower grades of commissioned officers in the army are so hedged about with "restrictions," that those who depend upon their salary alone cannot possiby marry until old age begins to steal upon them. As a natural consequence, illigitimate births occur frequently and, too often, habits of immorality result which are but the legitimate outcome of an unwarrantable interference by the government with the rights of its citizens. To speak of further restrictions, under such circumstances, seems political insanity or imbecility.

To encourage habits of life which shall lessen the number of births means practically to encourage dangerous and criminal habits, i. e., prevention of conception, and the practicing of abortion. The utter wickedness of such advice is apparent, and becomes doubly reprehensible when we remember that, so far, German women are remarkably free from these habits, preferring, even in the case of unmarried women, the stain of illegitimate motherhood to the deliberate murder of the innocents.

We cannot find language sufficiently severe to express our horror of men who would deliberately engulf a whole nation in criminal practices which must, eventually, poison its very life-blood, no matter what excuse may be offered for such counsel. And when we remember that the remedy proposed can under no circumstances alleviate evils complained of, but must greatly and rapidly increase all sorts of crime, we are at a loss to determine which is greater, the moral bluntness of men who dare propose such measures under any circumstances, or the shortsightedness of political sages who would go to the end of the world to find a remedy for an evil which to cure they have the means under their very noses.

LEUCORRHŒA; A STUDY.

JULIA HOLMES SMITH, M.D., CHICAGO, ILL.

Lecturess on Diseases of Women at the Chicago Homœopathic College. A paper read before the Western Academy of Homœopathy, June, 1880.

I have chosen to designate this paper to which I ask your attention, "A Study," because, in my judgment, of all the affection with which the gynæcologist has to contend, leucorrhœa is the most troublesome. Hydra-headed, we have so far found no *specifics*, and

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to each physician, each case is a *study* more or less difficult to master. We find leucorrhœa in women, of all ages, all stations, and often "in proportion to the blandness of the discharge seems to be the difficulty of curing the case."

Thomas, afraid of having any one consider leucorrhœa as a disease, *per se*, hesitates, he says, to devote even a separate chapter to to this affection; and Emmett only notices it as a symptom of various abnormal conditions of the uterus and its appendages.

The history of leucorrhœa dates back to the very earliest writings of Greek, Roman and Arabian physicians, and it is to-day as great a trial as it was in "ye olden time." Many attempts have been made by local and internal medications to cure it, but nine-tenths of the women who suffer from leucorrhœa, suffer also many things of many physicians, each with a hobby of his or her own as to its cause, and the sufferer spends a deal of money with little if any result.

We do not hesitate to call coryza a disease; we look for its ætiology, and we talk about its sporadic, epidemic or possibly contagious character. Ziemssen has a valuable chapter on coryza, differentiating carefully between watery, purulent, stringy, and puriform discharges, suggesting treatment for each. Why can we not discuss leucorrhœa in the same way. "Just so soon as the well regulated balance between absorbent and secretory vessels is disturbed in the generative tract, secretion may be increased and becomes a source of discomfort." This excess of secretion is a horror to the sufferer. How shall we relieve her? Doctors disagree on this point as on many others. One class asserting that internal medication affecting the blood and so regulating the nourishment of the part will heal the diseased condition of the mucous membranes of the generative organs, as readily as medicine will cure diseased conditions of the nose and fauces. Others recognize the douche and atomizer to be, at least valuable adjuncts in the medication of the nares and fauces; inhalation of vaporized drugs indispensable, in treating successfully diseases of the lungs and bronchi, and these also affirm it to be utterly impossible, however carefully the remedy may be selected, to cure leucorrhœa without topical application of drugs to vagina or uterus. To this latter *credo* I own allegiance until experience proves it like the first mentioned—fallible.

Thomas divides the causes of leucorrhœa into those which induce

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congestion: Disordered menstruation, fibroids, prolonged lactation, rectal or vesical irritation, gestation, parturition, excessive coition, ænema,—and those causing inflammation, endometritis, granular degeneration, ulceration, fibroids or polypi, gonorrhœa and inversion of the uterus.

My thought is that there are other causes which are quite as active in causing leucorrhœa, and that very many diseased conditions of the uterus and vagina will result from a long continued discharge. Perhaps I may be flying in the face of prejudice when I attack the "water-cure" system, which, in my judgment, has done fully as much as any other so-called system of therapeutics to injure the constitution of the women of to-day. Its advocates claim to appeal to the reason of women that no part of the body should be left unclean, if by any chance water can reach it, and mothers are urged to train their daughters to the use of sitz baths and vaginal injections, so soon as they reach the age of puberty. In nine cases out of ten of the well-bred girls who apply to me to heal leucorrhœa, in answer to the question, "Have you ever used injections?" "Do you take cold sitz baths?" they say, "Only when I stop menstruation, of course. I must be careful to do it then." How do they know just when they have stopped menstruating? It is the habit of the uterus, in some person, to discharge a little of the blood and then have a sort of rest from its labors, for a few hours, when the flow begins again to continue perhaps another day or two. The girl not noticing any discharge on the napkin, and eager to be clean, hastens to take a sitz bath, and injection of cold water. She may do this with impunity for months in succession, but eventually Nature demands the penalty. A time comes when from no cause which she recognizes, the "flow" is delayed, then it does not pass as freely and there may be a little more pain. Soon the girl notices a discharge gradually increasing in quantity until the patient is not free at any time from leucorrhœa, which often is allowed to continue for a year or two, as it has in several cases under my care now, before a physician was consulted, perfectly bland, unirritating, but so excessive as to need protection from the clothing.

The mucous membrane of the uterus, and in fact of the organs surrounding it, during the menstrual period are hyperæmic, hypersensitive, and the shock of cold water causes naturally a congestion,

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then decay of the cells and the resultant discharge, which consists of "white corpsules, mucous corpsules, and epithelium, and a large number of those little structures called micrococci covering the cells." Leucorrhœa from this cause I have found exceedingly difficult to cure, for the reason that the membranes have formed the habit of excessive cell proliferation, and it is difficult to tone them up sufficiently in the short time that a patient will usually give the doctor to manage the case.

The vagina, like the rectum, is a self-cleansing passage protected by the sphincter. There is no reason for an attempt to introduce any washes except in cases of disease, and the healthiest women, probably, have never even heard of a syringe. As soon would it be necessary to cleanse the œsophagus by irrigating it with water, after each meal, as cleanse the vagina after each monthly period. Injections should never be used by any person except when ordered by a physician for diseased conditions which he recognizes. So uniform has the injurious habit of taking injections become, that in two of the more elegant houses of Chicago, in the bath-room, I have found little sitz-bath tubs and right in the centre a tube coming up. I inquired, "What is that for? why do you have so many faucets?" "Why, this little faucet is to use for injections." Imagine the force with which the water will enter the body of the poor mortal, the pressure from the top of the tower of the water-works!

Again, *posture* is a potent cause of leucorrhœa. The standing or sitting too long causes a flow of blood to the pelvis, and because of the presence of an excessive quantity of blood, there is necessarily subacute inflammation and leucorrhœa. Constitutional dyscrasures, scrofulous and syphilitic, impoverish the blood, increase the number of the white corpuscles, and readily tend to cause degeneration of the mucous membrane. Such cases try one's soul.

Three years ago I received from Dr. Clifford Mitchell the following prescription for leucorrhœa in chlorotic women of lymphatic constitution:

Salicylic acid, 6 grammes,
Glycerine, 100 grammes.

Dissolve over water-bath and add one litre of water; make up six injections thereof, using one a day.

I have, fortunately, been able to test this prescription in seven

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different cases of chlorotic women of lymphatic constitution, between the ages of sixteen and thirty-three, in whom leucorrhœa seemed to have taken, to a very great extent, the place of menstruation continuing through the month, and the result has been, in six cases out of the seven, entirely satisfactory. In three of the cases I used internal medication, Calcarea, Hepar sul., Zinc., Natrum mur., Kreosote, Nitric acid, Mercurius, both the solubilis and the iodide; but four were treated without internal medication and the result was as above stated. We know Salicylic acid to be a powerful tonic as well as antiseptic, stimulating somewhat as does Quinine. Quinine used with Glycerine, has been in my hands a valuable remedy, used locally and internally for leucorrhœa, resulting from lack of tone in the system. DaCosta uses Salicylic and in five-grain doses to correct the foul breath and offensive expectoration of phthisis. Berthold used it topically in catarrhal stomatitis and thrush. It has been used in dysenteric diarrhœa of children, one part of Salicylic acid to three hundred parts water. Why may it not do as good work in diseases of women? Verily of the value of Salicylic acid the half has not been told. It would be desirable if physicians would give this prescription a trial, report through the COUNSELOR their success.

Another local application which has done me good service in bland vaginal *leucorrhœa*, is an injection of strong green tea with milk in it:

Young Hyson, 2 drachms,
Boiling water, 1 quart.

Steep five minutes, when cold add half pint of milk.

Use half the mixture as an injection, night and morning. The astringent injections recommended in the books, seem to me, seldom to meet the needs of my cases. They stop the discharge temporarily, but give no permanent relief. For simple vaginal leucorrhœa I have found the Nitrate of Silver solution, one to ten, very admirable as a wash, but in no case have I been able to cure the patient with the orthodox once-a-week local application. The diseased parts need to be under constant medication, and it is wiser for a woman to pay a physician a visit, three times a week for three weeks, than one a week for nine, because at the end of the nine she will be no nearer well.

Another point in reference to leucorrhœa which I should like to

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learn the opinion of specialists upon is, as to the metastasis of catarrh. It really appears to me that my patients alternate between catarrh of the nares, and catarrh of the uterus and vagina. "I feel so much better this week, so far as my head is concerned, but the leucorrhœa is very troublesome," is a statement that I hear very often in my practice. Appealing some three or four years ago to a celebrated gynæcologist, he sneered at the suggestion because there was no continuity between the lining of the mucous membrane of the uterus and the tubes, and with all the rest of the body. "How then," said he, "can the disease pass from one point to another?" My reply would be, that it was through the close relation of the nervous system, notably the sympathetic. One cannot touch one extremity of the human organism, without having the knowledge of that touch reported in every part of the system. Disease cannot invade one part which is presided over by a certain series of nerves as those supplying the mucous membrane, without having disease communicated through that set of nerves to the other part, and so it seems to me that through this close relation of the uterus and the other parts of the body through the sympathetic, we may account for the metastasis of the disease. However this may be, of the fact I am assured, the glands of the cervex uteri will be enlarged, swollen, and discharge when the glands of the throat are in their normal condition and *vice versa*. And when one recognizes a fact of this kind it seems folly, and worse than folly, to refuse to act upon it because there is "no continuity between the parts."

Homœopathic materia medica seems to me peculiarly rich in remedies which meet this condition, and for such cases as these I am always glad to prescribe according to the totality of the symptoms. With the iodides, those of Mercurius and of Calcarea, with Silicea, Hepar sulph. and kindred remedies one feels armed to meet such a condition, at least so far as to relieve the temporary engorgement. Whether or not leucorrhœa from constitutional causes can be cured, seems to me, exceedingly doubtful. The abortive treatment should be begun in childhood when the mother recognizes the constitutional tendencies of the child. In view of this one must feel very anxious for a wider education of the women who must be mothers, not only that they may wisely preserve their own life, but that they may rec-

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ognize hereditary taints and weaknesses, and seek medical advice in time to abort the evils which threaten the children.

Now, one word in regard to the leucorrhœa of childhood, a disease very common especially among the better class of children, and very difficult to treat. It has been the habit of many physicians to refer it, as, of course, is often proper, to the presence of ascarides which make their way from the rectum to the vagina. Dr. White, in a paper read before the Illinois State Association, claims that many cases of so-called leucorrhœa were simply acute vulvitis and amenable to the treatment for such a condition. In my judgment there are others, and their name is legion, which can be referrible to neither of these causes, nor to the results of onanism, which, by the way, is not half so frequent among girls as been the habit of practitioners to declare, but result directly from a scrofulous constitution which predisposes to catarrh, and this catarrh of the vagina is brought on by the children sitting on the ground and on stone steps for their plays, often only a bit of linen is between the child's body and the earth or stone, and a game of "jack-stones" the delight of most little girls may make one an invalid. Speed the time when medical science will be preventive as well as curative. The doctor's fees will not suffer in consequence.

LACERATED PERINEUM.

M. EUGENE DOUGLASS, M.D., DANVILLE, VA.

January 22d, was called to see Mrs. G. and attend her in labor. Found a brunette, aged twenty-three, short in stature and rather fleshy; primipara. Had been in labor over forty hours; os dilated about the size of a silver quarter; head presenting; quite a large bag of waters. After patiently waiting until midnight (seven hours after my first visit), and the os being nearly fully dilated, I ruptured the bag of waters when a profuse shower gushed forth and the head immediately engaged. At 12:30 the child was born, a female, weighing nine and one-fourth pounds. Placenta partly in uterus and partly in vagina; separating the child (using one ligature,) I

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removed the placenta. An examination showed the perineum ruptured clear to the sphincter ani. I immediately and carefully cleansed the parts as thoroughly as possible, and put in three silk sutures. The parts were kept moist with a mixture of one teaspoonful of Arnica tincture (root) to a glass of water, and Arnica 3x was given internally. During the labor I had given the patient two doses of Belladonna 1x, (ten drops in half a glass of water, one teaspoonful at a dose,) to control symptoms of convulsions. These two remedies were all she received. While the head was pressing upon the perineum I kept the parts well anointed with lard, and made upward and forward pressure with my hand, as I feared just what happened. No forceps used. On the fourth day I removed the sutures and found that union had taken place. She made a good recovery, keeping her bed but ten days. The child is doing well and has had no colic, although the cord was ligated.

Some of our authors strongly recommend sutures in cases of rupture, while others as strongly oppose it. But of one thing I am certain, namely: that the parts are *not* so benumbed as to be nearly, or in part, deprived of feeling, for each stitch taken gave her pain, although she positively refused to take Chloroform. This is my first and only case of rupture (and may it be my last), but should the like occur again I should at once resort to the sutures, as they stood my patient and myself in good stead this time.

UTERINE INVOLUTION.

J. DEWITT HEATH, M.D., SHAWANO, WIS.

If we examine the changes that the uterus undergoes in performing its mission of gestation, we find it is marked by a period of development of new tissue, extending over a period of several months, followed by the destruction of this new tissue in the space of a few weeks. It is said that the puerperal uterus soon after the completion of labor weighs about twenty-three times as much as the unimpregnated uterus, a vast amount of muscular tissue pierced by the uterine sinuses has been added and developed, the uterine lym-

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phatics which were quite insignificant are now found in abundance, while the whole pelvic system of lymphatics bears a direct relation to this hyperplasia. The peritoneum which was so closely connected to the virgin uterus is also accommodated to the new order of things, and by the growth of its underlying connective tissues, has now become freely movable over the uterine surface. The cervix has lost its individuality and become large, tumid, and engorged with blood; its mucous membrane having been subjected to intense traumatism has lost its vitality to a great extent, while the many ruptured small blood-vessels have caused ecchymosis and serous infiltration into the adjacent connective tissue; the placental site stripped of its transient covering, calls loudly on Nature for repairs.

As I have already hinted, this condition must all be changed within a few weeks. In brief, the uterus weighing between two and three pounds, must be transformed into one weighing as many ounces, by a process which we call involution. This is accomplished by fatty degeneration and removal of this now useless tissue; the removal is accomplished generally by the discharge of lochia and by absorption. It is said that the decidua vera, decidua scrotina, remnants of the placenta and placental vessels, are removed by the lochia, while the other tissues are removed by absorption. This is the rule in the majority of cases but, quite exceptionally, complete recovery takes place without any lochia whatever; and again, the lochia is sometimes quite inconsiderable, and out of proportion to the debris to be removed. Professor R. Ludlam reports one case without lochia, and I have seen one case where the lochia only lasted three days and no untoward symptoms followed its discontinuance; the patient informed me that the same condition was present in her former confinements. Fatty degeneration seems to be the chief element in the tissue change. Kundart and Engleman have shown, that at the time of labor, fatty degeneration is already inaugurated, the placenta, decidua vera, and scrotina, being the seat of its operations, while Kolliker states that the muscular tissue only begins after the termination of labor, which is marked by shrinking of the muscular cells, and their infiltration with fat, followed by absorption.

The time consumed in perfecting involution differs in the different tissues, there being also a wide range of difference within the limits of health in individual cases. It is generally conceded, how-

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ever, that the lining membrane is soonest removed and repaired, the placental site taking on new covering later than other portions. Regarding the time consumed in perfecting the involution of the muscular tissue, there is still a difference of opinion among those who have investigated the subject; some place the time as low as five* weeks, others, as high as †sixteen. Still others hold to periods between these two extremes; it is quite probable that while some cases may complete the process in as short a time as five weeks, the average may be found at a more remote period.

When we contemplate the necessary changes in the process of involution is it strange that this wonderful process should be beset with contingencies which may upset the physiological balance and convert Nature's kindest efforts into conditions of disease?

When from any cause involution is arrested at any time from the commencement to the completion, we have a condition known as subinvolution, and herein we have the beginning of many of the chronic diseases of the female pelvic organs. Let us, then, examine some of the causes of subinvolution:

(1.) We may say conditions leading to puerperal pelvic inflammations.

(2.) On the contrary, general conditions leading to anæmia, either before or after confinement.

(3.) Non-lactation.

(4.) Too early exertion after confinement, and too protracted occupation of the recumbent posture.

There are many causes that may act indirectly in producing this condition, e. g., post-puerperal hæmorrhage might be so regarded, on account of its evident relation to endometritis. In this connection I will speak of retarded dilitation of the os uteri in labor when due to a spasmodic condition of the muscular fibres; this is a morbid functional condition which spasmodically resists the contracting force of the uterine body—hyperæsthesia is always present, intense pain is felt with every contraction, the vagina is hot and dry, and the touch of the finger can hardly be tolerated by the patient; she is feverish restless, and "the pains do her no good." My own observations teach me that such a condition is often followed by endo-

* Velpeau. † Scanzoni.

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metritis, if it is not relieved by proper treatment. And before we proceed let us make a few observations on the treatment. Aconite, Belladonna, Atropine, Cham., Macrotrin and many other remedies in the homœopathic materia medica may be called for; but the circumstances are such that the close affiliation of the proper remedy is often impossible. In such cases, we may be justified in resorting to palliative treatment. We have at our hand, Chloral, Chloroform, Ether and Opium. Excepting the latter remedy we may say that their use may predispose to the very condition we desire to avert. Opium (Dover's powders), given in dose of a few grains, often accomplishes the desired result; the pains cease; the patient sleeps, and at the end of an hour wakens with new energy and "good pains." The warm hip-bath should be resorted to early and often is all that is necessary.

I have already referred to the fact that uterine inflammations may cause subinvolution, but without any previous inflammation the same may be brought about by too early getting up after confinement. If a woman, otherwise well, gets up to attend to her household duties during the early stages of involution, she will often be found complaining of "pain in the back, bearing-down, and such a leucorrhœa." These are symptoms of grave importance, and bear a close relation to her after-life. The large uterus, with its hypertrophied ligaments, and freely-movable investing peritoneum (all undergoing involution) fail to stand the strain; the uterus drops into the pelvis, obstructing the venous circulation, congesting the uterus, interfering with the proper carrying out of the fat cells, and subinvolution is the result if the proper treatment is not instituted.

The improper use of the obstetric binder acts much in the same manner. Goodell says, in speaking of the obstetric binder, "It also does harm by crowding the intestines upon the womb and the womb into the pelvic cavity. Again, by forcing backward upon the vena cava, and upon the pelvic brim so hard a body as the womb, making it in fact the pad of a tourniquet, it impedes the freedom of the circulation in that organ and greatly impairs the process of involution." It is well known that abortion is much more liable to result in chronic uterine diseases than when the full period of gestation is filled, and it is generally conceded in our day, that this is due to the fact that the proper stimulus coming through the child's nursing at

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the breast, is absent, and, following as a natural consequence, the womb fails to quickly return to its natural condition. The same condition is liable to follow the absence of the child at the breast even at term. This is Nature's rebuke to those unnatural mothers who frame all sorts of excuses to get rid of nursing their infants. Dr. R. Ludlam says, in speaking of endometritis and the relation of the mammary gland to the involuntary uterus, "Even in the worst forms of endometritis, I never allow the child to be weaned from the breast unless the mother's milk actually poisons the child."

Not only the necessary stimulus to the womb is absent in this case, but the menses are very liable to quickly return, to find the uterus, in its enlarged and congested condition, illy fitted to attend to this physiological congestion, and when another month rolls around the whole time has been consumed in getting rid of this monthly visitor and preparing for the next, leaving the system no time to attend to the extra, and we may say now permanent, congestion.

It can hardly be doubted that the long-continued occupation of the recumbent position does much harm in certain cases, where there is a general laxity of tissue predisposing to hypostatic congestions, beside where the proper vaginal drainage is not secured, decomposing lochia is thus often retained to the injury of the patient.

The diagnosis of subinvolution is not generally attended with difficulty. It is well to remember, however, that while the virgin uterus is from two, to two and a half inches in depth, and the neck measures three-fourths ($\frac{3}{4}$) of an inch in its widest diameter, "after childbirth—after *complete involution* even—these dimensions are permanently increased about a fourth, *in the vertical even by a third.*" (Savage.) Nearly, if not quite all, of the uterine neoplasms are attended with increased depth of the uterus, but there are other concomitant signs and symptoms which would exclude the idea of simple subinvolution.

There are some conditions which might lead us astray if too much dependence were placed on the use of the sound; for instance, in case the sound should be pushed into the Fallopian tube, or, as occurred to Savage in two cases, it might be pushed through a fiberous uterus" into the abdominal cavity. The same accident might occur in the second stage of chronic metritis.

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TREATMENT.

The foregoing facts teach the thoughtful physician to look upon the puerperal woman, as passing through one of those crises in her history which subjects her to conditions which strongly predispose to the establishment of chronic uterine diseases. And he should study well the problem of puerperal conditions in order that he may be able to avert those chronic calamities which are the crying evil of maternity.

It is not within the limits of this paper to detail all the treatment for the various conditions affecting the process of involution. Having already pointed out many of the various predisposing causes of subinvolution, we would refer the reader to the text-books for their treatment. We will, however, make some general observations:

1. Since the rapidity and steadiness of involution depends in a measure on the tonic contraction of the womb at the close of labor, this should be insured by the hand being applied to the fundus of the uterus, immediately after the second stage of labor, and retained there until fifteen or twenty minutes after the termination of the third stage of labor. If the pressure of the hand is not sufficient to secure the "cannon-ball contraction," it has been my practice to administer half-a-drachm dose of Ergot, fluid extract, using cold tea as a menstruum. The tonic contraction produced by this drug lasts long enough to allow the open vessels to become plugged, and the risk of present hemorrhage and its sequela are avoided.

2. For the reason that the cervix uteri in the puerperal state is in a condition of traumatism, and that part of the disintegrated tissue and placental debris must be removed as lochia, it is necessary that special attention should be given to drainage. In some special cases* utero-vaginal injections are indicated. While in general the use of the chamber in the sitting posture meets all the requirements of the case in the way of drainage.

3. The special therapeutics of arrested involution has not received the attention which its importance demands. The old school rely mostly on "special uterine stimulants" and meet the constitutional requirements with the stereotyped Iodide of Potass, Iron and Strychnia, while our own school offers a wider range to meet the con-

Vide Ludlam, Diseases of Women, 1879, pp. 615, *et seq.*

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stitutional effects. My own observations incline me to believe that little can be done toward promoting involution after it has been arrested, unless the condition is recognized, and special treatment is directed to it. This cannot be done without an intelligent understanding of the special pathology of the lesion, as many of the symptoms present are due to mechanical causes and are almost as useless in selecting a remedy as the symptoms arising from a displaced shoulder would be useless, as indicating a drug to replace it with. The comparison is not strictly true, however, because it is seldom that a case of subinvolution is brought to the attention of the physician before it has given rise to complications which have affected the sexual centers, in the brain and cord, giving a totality of symptoms to which our remedies may be addressed.

The remedies most likely to be called for are those affecting the uterus, through the spinal center, such as Cantharis, Quinia, Secale, Sabina, Sepia, etc.

As a local measure, Glycerine combined with Iodine in the following proportions: one ounce Glycerine to one drachm Tincture of Iodine.

This preparation applied to the uterine cervix by means of a cotton tampon has proved very useful by unloading the engorged blood-vessels of the watery elements, while the Iodine seems to excite the power of absorption.

From the foregoing it will be seen what an essential element perfect involution is in the puerperal history of woman. How necessary then for the physician to guard with zealous care this vital process and ward off, when possible, those conditions which predispose to chronic uterine disease.

HOMŒOPATHY IN TEXAS.

C. E. FISHER, M.D., CORSICANA, TEX.

EDITOR COUNSELOR:—At your kind request I will give your readers such facts as I am in possession of concerning the present status of homœopathy in the Lone Star state. I am encouraged to do this, not only by the invitation made by yourself, but because, if I

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may judge by the number of letters I am receiving from physicians in all parts of the country, the subject is one of general interest. There are, perhaps, forty homœopathic physicians practicing within our borders at the present time, although I am inclined to the opinion that this is rather an overestimate. Of these, four are located in Galveston, two in San Antonio, two in Dallas, two in Houston, two in Waco, two in Austin, three in Sherman, two in Weatherford, and one each in Gainsville, Ft. Worth, Corsicana, Kerrville and Victoria. Besides these there are two retired physicians, one permanently so, the other only temporarily, at San Antonio, making thirty-eight of whom I have personal knowledge. There may be a dozen more scattered here and there, located in country villages throughout the vast domain of Texas; but there is certainly not more than that number if indeed as many.

It will be readily seen then, that with more than two million of people, and with an area larger than all of New England and New York combined, there is room for more of our faith in the empire state of Texas. Of those of whom I have personal knowledge, nearly one-half are men of no small calibre, and are meeting with the success which merit commands wherever found. I think it a fact that there is no homœopath engaged in active practice in our state, who is not making a comfortable living, while several are enjoying practice to the extent of from four thousand to seven thousand dollars per annum. I state these facts merely to satisfy the inquiry of many of our brethren who think somewhat of emigrating to Texas, that ability in practice is rewarded here as elsewhere. Collections, generally, are fully as good as in any of the Western States, and as the industries of the state are in their infancy yet, they will be better in after years.

There are many towns in Texas with populations of two thousand to five thousand, with splendid agricultural country surrounding not yet supplied with homœopaths. Among them may be mentioned Denison, Paris, McKinney, Texarkana, Tyler, Waxahachie, Cleburne, Palestine, Marshall, Huntsville, Bryan, Beaumont, Belton, Seguin, Corpus Christi, and many smaller points. We have many counties with a population of over fifteen thousand, with no homœopathic, and only the most antediluvian allopathic, physician to do their med-

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ical practice. In any of these a live, capable homœopath would find a small gold mine. Those of us who have been here a number of years have had the struggle. We have broken the ice—and the harvest is in full view. We want others to come over to this Texas Macedonia to help us. We want numerical strength, and we want intellectual strength. The field is ripe for the harvest. Send us fifty practitioners—men of capabilities, of energy, of stick-to-it-iveness. A lack of this latter trait has at one time well nigh ruined some of us. Let others profit by our experience.

In point of medical societies, we are *nil.* A few years since an association was organized and for a period of years meetings were held, a few only being able to attend on account of lack of railway transportation, and magnificence of distance between our leading towns. Subsequently a Western Texas Society was organized in my office in San Antonio, but like its mother, the State Association, it proved to be an abortion. We are, therefore, without organization of any kind. This will not always be the case. Railroads are now making even remote points accessible to our leading cities. Additions are being made to our numbers, and a little more leaven will leaven the whole lump.

Our legislature has passed a bill looking to the organization of a state university. They will submit to the people a proposition to vote for a location for it this coming fall—providing, also, for the location of the medical department separately—with a view to locating the main building at Austin and the medical college at Galveston. When they are ready to found the latter, we will be there, *muchly.* We don't propose to be fifteen or twenty years in *starting* the ball to rolling, even though we may have to keep it in motion that long before accomplishing anything. It will be but a few months before work will begin in earnest, and then homœopathy will not be caught napping. The necessity of additional strength is now apparent to all, and I would urge those of the *graduates* of our colleges who have not permanently located to give the unusually promising openings in Texas more than a passing notice, before deciding against them. Men, too, of age and experience will find ample work in any city in the state. Only two or three cities are occupied in all the term implies and none are crowded.

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DIABETES MELLITUS.

J. D. CRAIG, M.D., DETROIT, MICH.

The study of this disease is perhaps as much neglected, by the majority of medical practitioners, as any in the whole list of human ailments; not because it is lacking in interest, but on account of its comparative rarity and generally fatal character; for the busy physician feels impelled to study those diseases which demand his attention every day and which, being more amenable to treatment, bring to him a reputation which he can acquire only by success in restoring the sick to health. Bæhr says: "What we have said in previous paragraphs shows that the treatment of diabetes is almost hopeless; indeed we must confess that even under homœopathic treatment, patients have not been materially benefited."

My own experience in this disease has necessarily been limited, having been confined to not more than ten cases, and I am happy to say that I cannot fully endorse the above statement. Because of this limited experience I cannot promise to give here anything original, either in the pathology or treatment of the disease. I shall endeavor to collect, in as concise a form as possible, the investigations of others, and the treatment which my own experience and that of others have found the most successful.

As will be seen further on diabetes mellitus does not always depend upon the same cause, and its curability or incurability is not to be determined by the quantity of urine secreted by the kidneys, nor by the amount of sugar which it contains, but by the changes which originate the morbid condition.

A detailed history of the disease would be interesting, but as this would unnecessarily lengthen this paper, a brief outline will be sufficient. The presence of sugar in the urine was discovered in the year 1674 by Thomas Willis; still later it was found to be present in the blood, all authorities agreeing upon its being an abnormal product. It is not surprising therefore that, when in 1848 Claud Bernard announced that sugar was a normal product, being constantly manufactured in the liver, the medical world was astonished.

The account of Bernard's experiments is extremely interesting

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and a statement of them in outline at least is necessary to a proper understanding of our subject, but before doing so it will be best to briefly review the physiological anatomy of the liver, and no excuse is necessary, I think, for the elementary character of this review.

The liver is the largest gland in the body. It is situated in the right side, immediately below the diaphragm, and is covered externally by peritoneum. The proper covering of the liver, however, is a thin but dense membrane, which is closely adherent to its substance. It covers the whole organ and penetrates its substance, forming a covering or sheath for its vessels and nerves. This is the capsule of Glisson.

The substance of the liver is made up of innumerable lobules of an irregular ovoid or rounded form, and about $\frac{1}{25}$ of an inch in diameter. The space which divides these lobules is about one-quarter the diameter of the lobules, and is occupied with the ramifications of the blood vessels, nerves and hepatic duct. The extreme minuteness of the vessels will be appreciated when we take into account that they altogether occupy so small a space, being about the $\frac{1}{100}$ part of an inch. Even the portal vein which is the largest, is between the $\frac{1}{720}$ to the $\frac{1}{1440}$ of an inch in diameter, and the hepatic duct is still less.

These vessels which are the portal vein, hepatic artery and hepatic duct, enter the liver on its under surface in the transverse fissure, and are carried by the capsule of Glisson which forms a sheath for their reception, and subdivides with them until it is finally lost in the interlobular spaces. The portal vein where it enters the liver is tolerably large. It collects the blood from the digestive tract so that all the products of digestion which are taken up by the veins pass through and are operated on by the liver. The hepatic artery is the vessel to which the nourishment of the gland is due, as well as the vessels themselves, hence it divides and subdivides much more than the portal vein; indeed, it forms a complete network of fine vessels around the vein, and does not enter the substance of the lobule as a distinct vessel, but empties into the radiales of the vein just before it enters the lobules. After entering the lobules the portal vein terminates in a network of capillary vessels, which become less numerous and larger as they near its center until they finally terminate in the hepatic vein, which has its origin in the

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center of the lobule near the top. It enlarges as it nears the base and finally empties into the sublobular veins. These collect the blood from all parts of the liver, becoming larger and larger and finally they form the three hepatic veins which discharge the blood from the liver into the vena cava ascendens.

In addition to this network of blood vessels in the lobules of the liver, there is another exceedingly fine and regular network of vessels of uniform size about the $\frac{1}{10000}$ of an inch in diameter, between which and in, as it were, its meshes, are the true liver cells. These vessels have been found to connect with the hepatic duct so that here is the origin of the bile.

In its character of an excretory organ we have nothing special to do with the liver in the discussion of this subject, nor as an organ of secretion except in its relation to the formation of sugar, so that having given a brief outline of the anatomy of the organ we may now proceed with the subject that properly comes before us.

Until 1848 it was supposed that the principal and only function of the liver was to produce bile, but Bernard announced in that year, as before stated, that he had by many and careful experiments discovered that there was always sugar in the liver and in the hepatic vein, even in animals that were fed on an exclusively meat diet, so that it was not owing to the sugar of the vegetable kingdom nor from the transformation of starch, but that it was produced independent of them.

The experiments commenced by Bernard seemed to open a new field, and they were repeated and extended by others and seemed to fully prove the doctrine. They were directed to finding sugar in the portal vein, liver, and hepatic vein, and it was found that where an animal had been fed on a vegetable diet, particularly where sugar was one of the constituents of such food, the sugar was present in the blood of the portal as well as the hepatic vein, with the exception that in the hepatic vein it was much more abundant and the cane sugar which was found in the portal vein had in its passage through the liver become changed to glucose or grape sugar.

Further experiments demonstrated that when an animal had been fed on a strictly meat diet although sugar was found abundantly in the liver and hepatic vein, it was entirely absent in the portal vein. The experiment for examining the portal vein was performed as follows:

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"A small opening was made in the linea alba a little below the ensiform cartilage just large enough to admit the forefinger of the left hand; introducing the finger and feeling along the concave surface of the liver until able to seize the vessels; then passing in an aneurism needle and constricting the vessels before the abdomen is fairly opened, when a firm ligature is applied." The blood is then drawn from the portal vein and tested.

Another experiment for the purpose of demonstrating the absence of sugar in the portal vein and its constant presence in the hepatic veins in dogs fed exclusively on meat was as follows: The animal was killed instantly by section of the medulla oblongata. "A small opening was then made into the abdomen just large enough to admit the finger and to enable him to seize the portal vein as it enters the transverse fissure and to apply a ligature. The abdomen was then freely opened and a ligature was applied to the vena cava just above the opening of the hepatic veins. Operating in this way blood may be taken from the portal system before it enters the liver, and from the hepatic veins as it passes out. In the blood from the portal system no sugar is to be found, but its presence in the blood from the hepatic veins is unmistakable.

To avoid disturbing the circulation in the liver and in order to collect from the hepatic veins as large a quantity of blood as possible, Bernard modified the experiment in some instances by introducing into the vena cava in the abdomen a double sound, the extremity of which is provided with a bulb of India rubber. This was pushed into the vein above the diaphragm, and by inflating the bulb, the vein was obstructed above the liver and the blood could be collected through one of the canulæ as it came directly from the hepatic vessels. Bernard never failed to determine the presence of sugar in these specimens of blood, employing a number of different processes including the formentation tests and even collecting Alcohol."

These experiments were confirmed by many others and in 1857 Bernard still further discovered a sugar-forming material in the liver which is analogous in its composition and properties to starch, and which is named glycogen. The formation of sugar from this substance is by means of a ferment, and Bernard considered it brought about by the action of some of the liver cells, while others were en-

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gaged in the formation of glycogen. Precisely how glycogen is formed it is difficult to make out. That it is formed by the cells there is little doubt, but this is not their only function, for it is equally certain from the arrangement of the hepatic ducts and the capillary network that empties into them, and which surround the liver cells, that they secrete the bile as well as the glycogen. That the cells have any influence in changing the glycogen to sugar is doubtful, nor do we need to look in that direction, for such change is found to be produced when it is brought in contact with blood even outside of the body, so that it is safe to assume that the same process goes on within the living structure.

The doctrine that sugar is produced in the liver as a normal product based on Bernard's experiments opens up a way to explain the pathology of diabetes, but its truth has been questioned by not a few of the leading physiologists of Europe. Dr. Pavy, of England, has combatted Bernard's conclusions, and although admitting the formation of sugar in the liver, claimed it to be a post-mortem product. He found that when the liver was removed and the test made without delay there was little, if any, sugar to be found, but that when it was allowed to stand, sugar was found in increasing quantity up to a certain limit from the time of death. He showed too, that various circumstances, such as struggling on the part of the animal used in the experiment, violent muscular movements, pressing on the abdomen and the like, was capable of increasing the saccharinity of the blood even during life, and he ascribed Bernard's varying results to such disturbances of this sort.

According to Pavy's view, when hydro-carbons are taken as food it is taken and stored up in the liver in the form of glycogen which is used for the formation of bile, but that in diseased conditions it is formed into sugar instead and sets up the disease called diabetes.

For the purpose of testing the truth or error of these conflicting opinions, Professor Flint, of New York, instituted a series of interesting experiments which seem to confirm Bernard's theories at the same time harmonizing them with Pary's experiments and I cannot do better than to copy them here.

Experiment I. A medium-sized dog, full grown, in good condition and not in digestion, was held upon the operating-table by two assistants, and the abdomen was widely opened by a single sweep of

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the knife. A portion of the liver weighing about two ounces was then excised and immediately cut into small pieces which were allowed to fall into boiling water. The time from the first incision until the liver was in boiling water was twenty-eight seconds. An excess of crystallized Sulphate of Soda was then added, and the mixture was boiled for about five minutes. It was then thrown upon a filter and the clear fluid that passed through was tested for sugar by Trommer's test. The reaction was doubtful and afforded no marked evidence of sugar.

Experiment II. A medium-sized dog, in the same condition as the animal in the first experiment, was held upon the table and a portion of the liver was excised as above described. The whole operation occupied twenty-two seconds. Only ten seconds elapsed from the time the portion of the liver was cut off until it was in the boiling water. It was boiled for about fifteen minutes, made into a paste with animal charcoal and thrown upon a filter. The clear liquid that passed through was tested for sugar by Trommer's test. There was no marked evidence of sugar.

Experiment III. A large dog, full-grown and fed regularly every day, but not in digestion at the time of the experiment, was held firmly on the table. This dog had been in the laboratory about a week and was in a perfectly normal condition. The abdominal cavity was opened and a piece of the liver cut off and thrown into boiling water, the time occupied in the process being ten seconds. Before the liver was cut up into the boiling water the blood was rinsed off in cold water. The liver was boiled for seventeen minutes, mixed with animal charcoal and the whole was thrown upon a filter. Immediately after cutting off a portion of the liver and throwing it into boiling water, the medulla oblongata was broken up, a ligature was applied to the ascending vena cava just above the renal veins, the chest was opened and a ligature was applied to the vena cava just above the opening of the hepatic veins. A specimen of blood was then taken from the hepatic veins. This portion of the operation occupied not more than one minute. A little water was added to the blood, which was boiled briskly, mixed with animal charcoal, and thrown upon a filter. The liquid that passed through from both specimens was perfectly clear.

While the filtration was going on, Fekling's test-liquid was made

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up so as to be perfectly fresh. The two liquids were then carefully tested for sugar. The extract of the liver presented not the slightest trace of sugar. The extract of the blood from the hepatic veins presented a well-marked deposit of the oxide of copper, revealing unequivocally the presence of a small quantity of sugar.

Experiment IV. This experiment was made upon a medium-sized dog in full digestion of meat. The medulla oblongata was broken up; the portal vein was tied through a small opening in the abdomen, and the abdomen was then widely opened and a portion of the liver excised, rapidly rinsed, and cut up into boiling water. The length of time that elapsed between breaking up the medulla and cutting up the specimen of liver into boiling water was one minute. The vena cava was then tied above the renal veins, the chest opened and the cava again tied above the hepatic veins. Blood was then taken from the hepatic veins, about an equal bulk of water was added with an excess of the crystallized Sulphate of Soda, and the mixture was boiled. A portion of the portal blood and the decoction of the liver were then treated in the same way, and the three specimens were filtered. The clear extracts were then tested with Fehling's, with the following result: There was no sugar in the portal blood. There was no sugar in the extract of the liver. There was a marked reaction in the extract of the blood from the hepatic veins, the precipitate rendering the whole solution bright yellow and entirely opaque.

It is difficult to imagine how any observer, so well known and accurate as Dr. Pavy could assert positively, as the result of personal examination, that the liver does not contain sugar when examined immediately after its removal from the living body, when Bernard and so many others have demonstrated its presence in this organ in large quantity. Yet such was the result of all the experiments of Pavy, and the same conclusion was arrived at by McDonnell and afterward by Meissner and Yæger and Schiff. The ingenious experiment of Bernard, showing that sugar is found in a liver removed from the body and washed sugar free by a stream of water passed through the vessels, demonstrated the possibility of the production of sugar post-mortem so strongly claimed by Pavy as the only condition under which it is formed; still it does not seem possible to deny the sugar-producing function of the liver, in view of the con-

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clusive experimental proof of the constant presence of glucose in the blood of the hepatic veins."

I may be pardoned for introducing so lengthy an extract in this article but I deemed the experiments too interesting and important to omit them.

The fair conclusion to arrive at from these experiments, particularly as even Pavy admits that in his experiments he always found sugar in the hepatic veins, is that the liver does produce sugar, and it is not at all surprising nor does it disprove the theory that sugar was not found in the liver. Its production at all is that it may serve some purpose in the system, and as the blood is rapidly passing through the liver it must necessarily be washed away as fast as it is formed, and as its manufacture is through the agency of a ferment, the stoppage of the circulation of the liver, by its removal from the body, would not, for a time, interfere with its formation and hence its presence in the organ after death. In its character, reaction and properties glycogen resembles starch. It is insoluble in water and by virtue of this property it can be washed out from the liver and collected. It is white, neutral, without odor or taste, reacts strongly with Iodine, producing a dark violet or chestnut-brown color but rarely a blue. It presents none of the reactures of sugar and is entirely insoluble in Alcohol. It is changed into sugar by boiling for a long time with dilute acids and this conversion is rapidly effected by the saliva, the pancreatic juices, and a peculiar ferment found in the substance of the liver. Pavy calls it amaloyd matter, and its production and that of sugar is greatly increased when the diet consists largely of food rich in hydro-carbon. Its production is diminished by some medicines amongst which Arsenic. is the most prominent and is increased by others as, for instanee, Curare, and the influence of the nervous system is so very marked, interesting and instructive that I will reserve its consideration for another article.

INTERNATIONAL HOMŒOPATHIC CONVENTION.

The undersigned were appointed by the American Institute of Homœopathy a committee of arrangements, and respectfully furnish to members the following information:

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The next session of the institute will be held at Brighton Beach, near New York, June 14 to 17, 1881, and arrangements have been made for one of the most valuable meetings of that association. On Monday, July 11, the International Homœopathic Convention will assemble in London, and the members of the institute are invited to attend as delegates. Our English brethren are making extensive preparations for the cordial reception and entertainment of their guests, and the meeting will be one of marked importance in the annals of homœopathy. The committee hope and trust that the invitation so freely extended will be as heartily accepted, and that America will be well represented.

Besides the great interest of the convention, the excursion will be a most delightful one. Owing to the large numbers that go across in the month of June, the committee have been unable to make specially favorable terms with any one line of steamers, though several have offered a discount from established rates.

They have deemed it best to give early information in regard to all the lines, so that each person can decide and secure at as early a day as possible suitable state rooms, and make for themselves the most satisfactory arrangements.

The following are the lines, addresses of agents, sailings, and price of round trip, first-class tickets. They are all well-established and reliable lines.

White Star—R. J. Cortes, 37 Broadway, New York. Celtic, June 18; Britannic, June 25; Adriatic, June 30. $144 to $212, according to size and location of state rooms.

Inman—John G. Dale, 31 Broadway, New York. City of Chester, June 16; City of Montreal, June 23; City of Berlin, July 2. $144 to $180.

Cunard—Vernon H. Brown & Co., 4 Bowling Green, New York. Algeria, June 15; Scythia, June 22; Parthia, June 29. $144 to $180.

Guion—Williams & Guion, 29 Broadway, New York. Wisconsin, June 21; Nevada, June 28. $140 to $175.

Anchor—Henderson Brothers, 7 Bowling Green, New York. Furnessia, June 18; Anchovia, June 25. $100 to $120. (To London direct.)

North German Lloyd—Oelrichs & Co., 2 Bowling Green, New

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York. Rhein, June 18; Neckar, June 25. $165. (To and from London a deduction of $20 from regular fare.)

Hamburg-American—C. B. Richards & Co., 61 Broadway, New York. Lessing, June 23; Frisia, June 30. $185 to London.

National—F. J. W. Hurst, 69 Broadway, New York. Sailings every Saturday. $120.

American—Peter Wright & Sons, 307 Walnut street, Philadelphia. Illinois, June 18; British King, June 22; Lord Gough, June 25; Pennsylvania, June 29. $110, $125, $145, $160. Tickets by this line permit return by Red Star Line from Antwerp to New York.

Allan—H. & A. Allan, Montreal, Canada. Polynesian, June 18; Parisian, June 25. Sail from Quebec via St. Lawrence and Straits of Belleisle, five or six days on the ocean. Tickets from New York and return via White Mountains, Montreal and Quebec, $174; from Boston, $165; from Quebec, $150.

Every member of the institute, as soon as he has determined to go, and has secured his passage, is requested to inform this committee, in order that they may communicate with the committee of arrangements in London, who will assist (if desired) as far as possible in providing for their comfort there, at a season when London is always crowded. Very cordially,

I. T. TALBOT, 66 Marlborough street, Boston,
WM. TOD HELMUTH, 299 Madison ave., N. Y.,
B. W. JAMES, cor. 18th and Green sts., Phila.

CORRESPONDENCE

The COUNSELOR invites reports of clinical cases, "treated with the single remedy." This is right. There can be no doubt of it. But is it *proper* to exclude from its pages, cases of interest or importance which have been treated successfully, with remedies used in alternation or in succession? I think not. Nearly all of the victories gained by homœopathy over the dominant school of medicine —victories which have given her the proud place she now occupies in the medical history of the world,—have been won through the proper action of homœopathic remedies whether used in alternation

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or succession or singly. The latter part of the matter is not at all essential to the success of the practice.

I think I can sustain the position thus assumed without difficulty. Let us take a case: A patient suffers with dysentery; has hot, dry skin; full, bounding pulse; great thirst and restlessness, and other symptoms calling for Aconite. But he has also great desire for stool, with tenesmus; sensation of coldness of the rectum; disgust for the odors of meat; discharge of blood and mucus, and other well-known Colchicum symptoms. Aconite is given in the thirtieth potency alone. Some of the symptoms are relieved. Colchicum is then given and it relieves its chain of indications, but in the meantime the Aconite symptoms return. The same procedure is again gone through with, a time or two, and the patient is becoming uneasy. Aconite and Colchicum are now given in alternation, and the patient rapidly and permanently improves.

Now, then, for the *homœopathic* part of it. Neither remedy was entirely suited to the case—both were. Again, all homœopaths with one will agree that *every remedial cure is homœopathic*, no matter how crude the remedy or how attenuated. A *cure* following the use of medicinal agents, implies homœopathicity of such agents to the disease in hand. Who shall decide for us that it is actually necessary in order to be homœopathic that but one element, or factor, or agent, or *remedy, if need be*, must be used at a time. If the allopath, with his prescription of a dozen ingredients, cures his patient, and no reasonable man will gainsay the fact that he often does it, *he cures him homœopathically*, else our law of cure is not immutable. If the scientific homœopath cures his patient with the 30th, 200th or 10,000,000th potency, he cures him homœopathically. If the less scientific Hahnemannian (I mean it,) cures his patient with the properly indicated remedy, or remedies in alternation, he also cures him homœopathically. If the *law of cure* is a LAW, it must of necessity cure all of these cases, and all other *remedial* cases (in contradistinction to surgical, clinical, and mechanical) as well.

If the position I assume, then, is a correct one, why should the COUNSELOR or any other journal in our school of medicine, decline, or refuse to ask for, cases of interest and importance treated with remedies in alternation or succession. By so doing such journal will invite from seven- to ten-tenths of our profession *not* to contrib-

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ute to its pages, and that proportion of really interesting or valuable reports will be unwritten.

The weak point of homœopathy is becoming *ocularly visible* in the narrow-mindedness and illiberality of some of its most able votaries. We will all join in condemning the exclusiveness and illiberality of our allopathic brethren, and will then draw off and whack away at each other, and the high attenuationist and single-remedy man will refuse *counsel* with others of us who are not so *high* nor so *singular*. For one, I like the COUNSELOR and want its counsel, but I do not want reports of my interesting and sometimes valuable cases to remain uninserted, because I find it advantageous, desirable or even convenient to use my properly-selected homœopathic remedies in alternation or in succession. I have never yet been able to find anything in the law of cure, or provings of our drugs, or in any other important factor of homœopathy, making it necessary, in order to be a true homœopath, to cure disease with one or two or a dozen remedies. The strength of the drug, the size of the dose, the method of administration, are all subservient to the one great support of homœopathy—our immutable law of cure. Then, why should Lippe, Raue, Skinner, the COUNSELOR, and others, say: "You are not a homœopath; we do not want your case—your cases are not homœopathic, hence not valuable. They are trash." Will the COUNSELOR please answer? *C. E. Fisher.*

It affords us great pleasure to give space to the above communication from our colleague, Dr. Fisher. We regret, however, that we have not sufficient space and time to answer our correspondent as fully as we desire; a moment's reflection will show the Doctor, that a reply in full would demand at least an exhaustive treatise on the alternation of remedies. We will seek to reply, briefly, to the most important inquiries made, and will consider them in the order in which they are made.

Question.—Is it proper to exclude from the pages of the COUNSELOR cases of interest and importance which have been treated successfully with remedies used in alternation and succession?

Answer.—A clinical case is of value only to a medical journal and to its readers if it furnishes instruction upon the character, causes, symptoms, etc., of certain diseases, so-called, or if it illustrates cer-

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tain modes of treatment. If a contributor sends us a case which is intended to present information upon the former point, the treatment adopted becomes a point of comparatively little importance, and may be omitted altogether. If it is intended to illustrate the *treatment* of a certain disease, or in other words, if the writer desires to show under what peculiar conditions certain remedial agents are to be used, then it becomes a matter of supreme importance to give such facts only which possess a positive value, and which cannot be misunderstood. To show the reader under what conditions Bryonia should be used in the treatment of pleuritis, cases must be cited in which Bryonia *alone* was used. If Bryonia was alternated with Rhus, Aconite, or any other remedy, both the reporter and the reader of such a case, are at a loss to determine what remedy cured the patient or removed any one or more of the symptoms present in the case. The patient may have made an excellent recovery, and the case may have been profitable, in more than one sense, to our esteemed correspondent, but no living man can derive from it any knowledge of the accurate use of Bryonia in pleuritis, and we invite clinical reports for the sake of gaining from them this very knowledge. Correctly speaking, a man uses remedies in *succession*, if he prescribes one remedy at a time, and changes that remedy for another whenever a change in symptoms demand the exhibition of a new remedy. It may be necessary to make such a change within a few hours after the first, or second, or third prescription; it may be necessary to recur to the remedy first given,—but so long as one remedy at a time is prescribed, *such* succession of remedies is justifiable, and cannot lessen the value of a case reported. We would then feel called upon to refuse a case in which more than one remedy were used at one time; we would accept a case in which remedies were used in succession as defined above. We do not, and could not, reasonably demand the use of the same remedy from the first visit of the physician to the time of the patient's discharge.

Statement by Dr. Fisher.—Nearly all the victories gained over the dominant school have been won through the proper action of homœopathic remedies, whether used in alternation, or succession, or singly.

Answer.—We admit this. But the fact stated proves only a *general* superiority of the homœopathic treatment over the old method

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of treating disease. We grant cheerfully that the homœopathic physician, if an intelligent prescriber in the common acceptance of the term, has been, and will be, more successful than his old-school competitor. There is, however, no reason why we should refuse to go farther in the road toward perfection of our system. Neither must we forget, that Hahnemann and the host of old disciples had undoubtededly their full share of opposition to overcome, and that *their* "victories" had much to do with "the proud place homœopathy now occupies in the medical history of the world"; and the records of thousands of cases treated by those old disciples show that out of every one hundred cases prescribed for, at least ninety-nine were treated with the single remedy. The single remedy then has been a most important factor in bringing about our present position in the medical world. It may be well to remember that even eclectic physicians have begun to consider the great advantages of "the single remedy"; *vide* Dr. Scudder's Specific Medication.

The case in hand.—Aconite and Colchicum in alternation. See Dr. Fisher's communication.

Answer.—It is not wise to *suppose* cases, for imaginary cases may not "tally" with those found in the sick-room. Presuming the one furnished to be a bona fide case, we are prepared to assert (1st) that one remedy would cover all the symptoms near enough to produce better and *more lasting* effects than those assumed to have been produced by the alternate use of the remedies given. (2d,) If Aconite alone failed to produce permanent improvement, but only "hushed up" a few of the symptoms in the case, and if Colchicum (or any other remedy prescribed after the failure of Aconite) accomplished no more than it is credited with by Dr. Fisher, then neither Aconite or Colchicum were homœopathic to the case, (3d,) If the patient got well after the alternate use of remedies not indicated, the recovery was due to other causes, and the prescribing physician can claim no credit for the cure.

Statement by Dr. Fisher.—All homœopathists will agree with me that every remedial cure is homœopathic, no matter how crude the remedy, or how attenuated.

We do most earnestly believe that the homœopathic law is applicable to the treatment of all diseases of vital origin, and, in that sense, we admit the universality of our law of cure. We do not,

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however, claim or admit that *all* cures are made upon a homœopathic basis; or that no cures can be performed upon any other basis. We have never claimed that the degree of attenuation of a remedy has anything to do with the question of its homœopathicity to a given case; we have made repeated and positive declarations to the contrary. But the question of dose should not be introduced here.

Concerning the last question of Dr. Fisher, "Why should the COUNSELOR or any other journal refuse," etc., we can repeat the statement already made. We refuse to invite cases treated with remedies in alternation, because they teach our readers no practical lesson. It is infinitely easier to procure a hundred such cases, than it is to get five treated with the single remedy. Is it fair to reproach us, if we seek to do our duty by our colleagues even though we do it at the expense of hard work, where we might fare comfortably were we merely anxious to fill our pages? Is it less creditable to us to make an attempt to lift our school to a higher level of perfection, than to "leave well enough alone," and, in so doing, seek consolation in the knowledge that the alternation of remedies, selected homœopathically, is better practice than the old way of doing things, and is apt to cure more patients than our old-school friends can cure? We think otherwise, and we rest in the assurance that we are doing our duty, and that our work in this direction will not be in vain.

We heartily endorse Dr. Fisher's protest against exclusivism. The Doctor blunders, however, when he speaks of exclusivism, illiberality, etc., in connection with our position in regard to the single remedy, or when he insists upon connecting the single remedy with high-dilutionism. We have *ever* insisted upon the correctness of our proposition that he who prescribes for the sick in accordance with the law of the similars is a homœopath; and we do not exaggerate, if we claim to have been and to be fearless in our fight against professional arrogance and exclusivism. But the question of alternation is, largely, one of expediency, of wisdom, of good sense, and while our readers *may* (?) have a right to use a dozen remedies if they please, in alternation or all at one time, *we* have no right to urge upon them, or to defend, such practice as the best and highest type of homœopathy. We shall speak our mind plainly and courteously in all things, act with deliberation and firmness when we are

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called upon to act in the interest of "the science of therapeutics," and, doing our duty to the best of our ability, we are confident that the future will absolve us from all charges of unfairness toward any of our colleagues. *H. R. A.*

REPLIES TO "A CALL FOR HELP."

Concerning replies to my inquiry in February number of COUNSELOR, I have received suggestions from Dr. S. Lilienthal, Dr. Allen, of St. Johns, Mich., Dr. Fairbanks, of Englewood, Ill., Dr. Owens, of Rensselaer, Ind., and Dr. Garrison, of Asbury Park, N. J. Also from Dr. Gilchrist. Dr. Lilienthal suggests Badiaga, to be, probably, followed by Natrum sulf. (after Grauvogl's hydrogenoid constitution). Dr. Allen suggests Bell., Aurum and Colchicum, *high*, Hamamelis or Pulsatilla according to concomitant symptoms. Dr. Fairbanks says Clematis has given him better satisfaction than anything else for "pains in the cord." Dr. Owens thinks my case a sequela of gonorrhœa and bad treatment, and states that he has good success with Conium 70M., after the unsuccessful use of the 3d, 30th, 200th. Dr. Garrison thinks the case one of neuralgia of the spermatic cord with reflex irritation from the neck of the bladder; has had similar cases, result of mismanaged gonorrhœa, or of onanism; he also advises the use of Clematis, beginning with low attenuations and going higher as improvement begins; suggests also Copaivæ balsamum 3x, Mezereum, Cantharides, Belladonna, Mercurius, Lachesis, and, above all, a *gentle* galvanic current; he thinks the Faradic current would aggravate a case of that kind. Dr. Gilchrist thinks the case one of stricture of the seminal vesicles, and recommends electrotysis. The COUNSELOR, in style and matter, is getting right to the front. *A. B. Grant, Lowell, Mich.*

STRAWS

Relation of Fœtal to Maternal Circulation.—To determine the extent of communication between the two circulatory systems, Dr. Maas injected into the veins of pregnant rabbits different colored pigments and septic fluids. If the blood of the

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fœtus was examined from one-half to one hour after the injection, he could always detect in it the above granules, with bacteria and micrococci, similar to those introduced into the maternal circulation. But if the examination was made at a later period, they could no longer be found in the blood, but were present in the liver and other organs. These facts are thought to explain why the statements of various observers are so contradictory and, in some cases, negative. (*Med. Record* from *Przeglad Ckarskis.*)

Tom Cat Styptic.—This is the way we plug the posterior nares in the canebrake: Called to see Mrs W. Found her bleeding from the nose, had bled all night; tried the usual remedies in vain. Patient almost prostrated from loss of blood. This happened on one of our canebrake plantations, where the physician cannot have everything at hand that he wishes. So looking around the room, I discovered a house cat; had its head cut off in a few moments; opened its abdomen and took out the bowels; cut off some six or eight inches of these; washed and ligated one end, and with a common elastic catheter pushed the ligated end down the posterior nares, leaving the other end out of the nose, and with a common syringe injected the gut with water and tied it beyond the nose. Hæmorrhage ceased immediately and my patient recovered, to the astonishment of the canebrakers. (*Gailard's Medical Journal.*)

Anæsthetic Action of Benzoate of Sodium on the Throat.—Dr. Fronstein recommends to spray the throat with a four-per-cent solution of benzoate of Sodium, when the act of swallowing from any cause is painful, and in all cases where we desire to diminish the sensitiveness of the throat. He gives the history of two phthisical patients suffering from tubercular ulcers, who abandoned the use of solid food entirely, and in one of them even the swallowing of liquids (milk) caused great distress. In both cases an entire relief was obtained, but no improvement in the ulcerative process was noticed. (*Vratch. Vedamasti.—Med. Record.*)

A Case of Poisoning by Duboisia.—Mr. L. B., sixty-five years of age, in excellent health, a patient at the Illinois Charitable Eye and Ear Infirmary, during convalescence after Græfe's operation for cataract, was provided with a small bottle of Sulphate of Duboisia, gr. i to ʒ i, in place of Sulphate of Atropia, which caused considerable conjunctival inflammation. On the 27th of April, about 9 P. M., Mr. B. took by mistake a teaspoonful of the solution. It cannot be determined whether the teaspoon was quite full. The patient at once informed other patients near him that he had taken the wrong solution, but concluded to await the result, before reporting to the nurse. In about ten minutes there was dryness of the throat, and in half an hour a peculiar sensation in the legs, then in the thighs, arms, and other parts of the body, as if they were asleep. At the end of three-quarters of an hour or more, the patient could scarcely talk or stand. Strange to say, not till this time did it occur to the patient or those around him to call the nurse. An active emetic was at once given

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with the apparent effect of entirely relieving the stomach of its contents. Without delirium the patient rapidly passed into a state of unconsciousness, and remained in this condition till about 5 A. M. He complained for two days of muscular weakness in the legs and arms, and especially noted a peculiar jerking action of the muscles of the arm in extending the hand to grasp a glass or other object. I saw the patient at midnight. He was lying quietly, breathing naturally, but in a stupor from which he could not be aroused. The face was not specially flushed, although the mouth and tongue were remarkably dry. Dr. B. W. Griffin, who had been with the patient for two hours, informed me that the temperature as determined by the thermometer, had been normal. The pulse varied from 108 to 112. Some time previous to this, before unconsciousness became quite complete, the patient made ineffectual efforts to sit up in bed. The pulse always fell to 80 when the patient was supported in a sitting posture, and increased in frequency again on reclining. No other symptoms were noticed. (Dr. E. L. Holmes, in *Chicago Medical Journal and Examiner.*)

On Electro-therapeutics.—Dr. A. Gunther advises: 1. That the physician tries at first on himself the strength of the current. 2. Battery and conductors ought to be easily accessible to the sight and hand of the physician. He prefers the Faradic current: *a.* In asphyxia of new-born children as well as in that produced by a catarrhal pneumonia, pertussis and salectasis, in fact by whatever cause it might have been produced. The one pole, consisting of a broad electrode, is applied to the intra-scapular region, whereas the electric brush is carried over the well-dried or powdered skin. *b.* In pendulous abdomen, one electrode over the external point of insertion of the rectus abdominis, whereas the other passes over the course of the muscles. The current must be strong enough to produce strong contraction of the biceps. *c.* In habitual constipation, one broad flat electrode on the sacrum, another similar one follows the course of the colon. *d.* In chronic cystitis with thickening of the walls of the bladder, and incontinentia (contra-indicated in erosions and ulcers of the mucous membrane of the bladder). One pole is put at the perineum or symphisis, or one electrode is put over the symphisis, whereas the other, in the form of a catheter, is introduced in the cleansed bladder and then filled with slightly acidulated water. *e.* In impotence the testes are taken between the two electrodes. The galvanic current is preferable: *a.* In chronic pleuritic exudations (18 Stohrer's cells), anode on sternum, cathode in loco morbi. *b.* In chronic periostitis; negative pole on loco morbi, on excessive cicatrized tissue, which softens under the application of the cathode. *c.* In chronic muscular rheumatism; ten elements, large electrodes passed slowly over the muscles. Every muscle ought to be acted upon for at least two minutes by the anode. (*North American Journal of Homœopathy*, Feb., 1881, from *Med. Allg. Central Zeitung*, 92, 1880.)

Contributions to the Pathology of the Frontal Sinuses.—Dr. H. Knapp reports the following interesting case: The patient, a female, aged 30, had suffered for two years from attacks of headache, which lasted from several hours to a whole day. The pain sometimes extended along the nose, though she had never shown any

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symptoms of nasal catarrh. The pain became more intense, and was eventually localized on the left side of her forehead and in the left orbit. The outer half of the supra-orbital margin was red, swollen hard and painful to the touch; the eye was moderately pushed forward and inward; the pupil responded to light; vision was unimpaired, and the ophthalmoscope discovered only a slight venous congestion of the retina and some circumscribed papillary œdema. Dr. Knapp and J. Lewis Smith left the diagnosis undecided between dacryo-adenitis and periorbitis, and ordered mercurial ointment to be rubbed into the skin surrounding the brow. The pain continued, the swelling increased, and two days later, the presence of a large abscess, pointing at the juncture of the middle and outer thirds of the upper lid, about about a centimetre below the brow, was manifest. The abscess was opened and a large quantity of creamy pus let out. The patient felt relieved and apparently recovered rapidly. Six days afterward, she felt worse again, complaining principally of headache. She grew very feeble, vomited and lay mostly in stupor. Her pulse varied between fifty and sixty. In this condition she was found by Dr. E. C. Seguin who was called in consultation nine days after the opening of the abscess. The upper lid slightly drooped, the internal rectus was paretic, and the ophthalmoscope revealed only congestion of the retina. Dr. Seguin diagnosticated an abscess in the left frontal lobe of the brain. Two days later the patient died. The autopsy showed that the frontal sinus had extended laterally so as to separate the cranial from the orbital plate of the horizontal part of the bone. The flat cavity produced in this way had a height of from 4 mm. to 6 mm. at the inner upper corner of the orbit, and reached, gradually decreasing, as far as the junction of the middle and outer thirds. The orbital plate was brittle and broken when removed from the cadaver, so that the perforation through which the pus had escaped from the sinus into the orbit could not be demonstrable; but, judging from the place where the swelling first appeared and the abscess pointed, there was no doubt that the perforation of the bone occurred at or near the temporal end of the extension of the frontal sinus. Such an extension of the frontal pneumatic cavity through the diploetic substance of the roof of the orbit occurs frequently enough in cases of caries of the supra-orbital margin, and this case suggests the idea that pent-up pus in the ethmoid and frontal cells may be the cause of the caries in some of the cases. Knapp does not, however, think of explaining in this way the frequency of caries of the upper orbital margin in children, since the frontal sinuses, according to Dursy and Steiner, develop only between the sixth and eighth years. That in this case there had been an inflammation with retention of matter in the left frontal sinus, was clearly proved by the periodic attacks of headache starting from the inner part of the left brow. The narrow and irregular communication of the frontal sinus and anterior ethmoid cells with the middle nasal passage, through the upper end of the infundibulum, must have been closed, since the patient did not suffer from nasal catarrh or ozæna. The propagation of the disease into the orbit and brain was a perfect analogue of what is so frequently noticed in retention of matter in the mastoid process. There, also, the narrow exit of the mastoid antrum into the tympanic cavity is closed, periodic inflammations ensue, occasionally an abscess emptying into the drum-cavity or behind the ear gives temporary relief; at last the patient dies, and an abscess is found in the brain-substance, sometimes at a distance from the temporal bone. In the case under consideration the channel by which the inflammation extended to the brain was clear, as

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there was a necrosed patch of bone in the cerebral plate of the horizontal process of the frontal bone, and the adjacent dura mater was blackened and somewhat wrinkled. (*The Medical Record*, Aug. 28, 1880, from the *Archives of Ophthalmology*, June, 1880).

Pilocarpina Sciropposa Pura.—A new preparation of Jaborandi has been introduced in Italy under the name of Pilocarpina Sciropposa Pura, which, dissolved in water and applied to the eyes, will cause myosis, which ceases after an hour, when mydriasis will follow and last for twenty-four to sixty hours. Pure Pilocarpina and its salts are said to never produce this secondary mydriasis in any dose. Taking a quantity of this preparation and adding a little hydrochloric acid, Dr. Albertoni found that most of the substance crystallized. These crystals being separated and washed with ether, produced myosis only. The non-crystallizable portion being also applied to the eye, caused mydriasis, resembling, in a general way, the effects of atropia, and not those of pilocarpine. This new product he calls anti-pilocarpine. (*Med. Times*, from *Gior. della Saluta.*)

MEDICAL MEMORANDA

EDITOR'S TABLE.

It is pleasing to know that we have the sympathy of our colleagues in our fight against exclusivism and despotism and their indorsement of the manner in which we are doing our duty. We have, during the last month, received many cordial letters, sometimes from sources where we least expected them, calculated to encourage us greatly. The following are selected from them:

A., O., March 29, 1881.

Dear Doctor.—I want to thank you for your editorial work. You are doing good work, and it will tell in time. Do not lose courage if you are misunderstood, or if you get an occasional knock where you least expect it. Long live the COUNSELOR!

Fraternally, G. C. A.

A. A., M., March 26, 1881.

Dear Doctor.—Allow me to congratulate you on your editorial of February number. It is good! in good taste and in good time. I admire Dr. Lippe's pluck in the maintenance of his opinions, but I cannot say that I am willing to submit to the dictum of any man or set of men, in regard to what I shall believe in or practice. "Come again." Yours, H. C. A.

F., M., March 29, 1881.

My dear Doctor.—Let me thank you for the February editorial in COUNSELOR. Its beauty lies in its moderation and absolute truthfulness. Your independence, as shown in the editorial and in your book reviews, should insure you the support of the best men in the profession. N. E.

In response to our request in the March number of this journal, we have now (April 9th,) heard from nearly one hundred and fifty subscribers, of these the following gentlemen expressed a desire to have the translation discontinued: Drs. F. F. Casseday, of Wisconsin; E. Clarke, of Maine; M. C. Bragdon, of Illinois; A. L.

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Fisher, of Indiana; G. S. Schuricht, of Illinois; Chittenden & Son, of Wisconsin; S. A. Newhall, of Kansas. The following gentlemen are not decided in their preference: Drs. J. C. King, of Ohio, and E. Hasbrouck, of New York. It will be seen that an overwhelming majority of subscribers demand the continuation of our translation, and we yield with pleasure. We desire to express our gratitude for the many words of commendation and cheer received by us, and promise our readers all diligence on our part and every effort to make this journal *the* journal of the school. *But we must have help in the way of contributions; our thirst for them has become a chronic difficulty.*

Entering upon a new volume, we realize, more than ever, how much of our success depends upon the active cooperation of our friends. The profession seem conscious of the fact that our medical journals do not offer their readers a large enough variety of original matter, but seem utterly unwilling to recognize their own responsibility in the premises. We earnestly ask our many readers to give us the benefit—not merely of their just criticism, but of their active cooperation. We need articles, long and short; notes from practice, clinical verifications, studies of remedies and of diseases; reports from societies, and of anything else which interests the general reader. Even small favors are thankfully received by "ye editor."

A law enacted the past winter, taking effect after July 1, 1881, provides that, with the exception of midwives, no one shall practice medicine or surgery in the State of Arkansas without having registered with the clerk of the county court, under a penalty of not less than ten nor more than one hundred dollars. Each day's practice constituting a separate offence. To register, one must have pursued a reputable practice, continuously, during the five years next preceding said July 1, 1881, or present a certificate of examination signed by a majority of the county board of examiners. The law provides that none shall be discriminated against on account of his school of practice. This county board consists of three members, appointed by the judge of the county court. A board called the state board, of five members, appointed by the governor, examine all who, failing before the county boards, appeal to it. The governor appointed one homœopathist, Dr. W. E. Green, of Little Rock, on state board. The county judge appointed an homœopathist, Dr. E. D. Ayres, upon the county board of the capitol county. A certificate of the county board entitles to practice in any county. We will add that Dr. E. D. Ayres has been United States medical examiner at Little Rock for two years.

M. Laboulliene, in making an autopsy of a man who had suddenly died from aneurism of the pulmonary artery, was afforded an opportunity for studying a tænia in situ. Nothing was found in the stomach or duodenum of the subject. When the jejunum was reached, he found a tænia folded upon itself, and occupying a space of about a foot and a half. The head was directed superiorly. The worm was alive, thirty-three hours after the death of the patient. Several living cucurbita were seen. The tapeworm measured 412 centimetres in length.

The thirty-third annual commencement of the Philadelphia College was held on March 10, 1881. The degree of the college was conferred upon eighty-three candidates. The college prizes were awarded to the three candidates having the highest examination averages as follows: First prize, Hahnemann gold medal, to Anson C. Alexander. Second prize, Hahnemann silver medal, to John C. Single. Third prize, Hahnemann bronze medal, to Percival O. B. Gause. The surgical prize, a copy of Erichsen's Surgery, was awarded to William H. Barnes, for the best examination in practical surgery. The graduating class, at the close of the exercises, presented to the faculty of the college an oil painting, by Miss Warren, of the late Dr. Constantine Hering, for many years one of the professors of this college.

The Homœopathic Hospital College of Cleveland, Ohio, has just closed a successful collegeate year. There were one hundred and thirty-four matriculants, and forty-three graduates. The diploma of honor was granted to Dr. J. Arthur Stephens, of Cleveland, Ohio. The first clinical prize, twenty dollars in gold, was awarded to Mr. M. W. Manahan, Norwalk, O. The second clinical prize, ten dollars in gold, was awarded to Dr. J. W. Cook, Buffalo, N. Y. The Sanders prize, a complete set

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of obstetric instruments, was presented to Dr. W. E. Newton, Port Clinton, O. The Jones prize, twenty-five dollars, was presented to Dr. J. A. Thompson, McComb, O.

The following prizes were presented to graduates of the St. Louis College of Homœopathic Physicians and Surgeons: First prize—Eckel gold medal, Edmond Doty; second—gold medal, Eugene A. Guilbert; third—silver prize, Julia F. Haywood; fourth—Bockstruck prize, case of medicines, George M. Haywood; fifth—book, Jessen's Materia Medica, H. L. Armbruester. A special premium, called the Kershaw silver medal, was awarded to George M. Haywood, for proficiency in neurology.

We call attention to the article "Homœopathy in Texas." Dr. Fisher authorizes us to state that he will cheerfully aid, to the best of his ability, by correspondence or otherwise, any reputable homœopathic physicians who desire to locate in his state. His address is Dr. C. E. Fisher, Corsicana, Texas.

The Chicago Homœopathic College held its fifth annual commencement on March 1, 1881, and issued its diploma to twenty-eight graduates. There were eighty-six matriculants during the season. Ground has been purchased for a college building, to be erected during the coming year.

The graduating exercises of Pulte Medical College were held in College Hall, March 2, 1881. Drs. E. P. Green and W. Y. Mackenzie received a gold medal each. The clinical prizes were awarded to Drs. H. J. Needham, J. W. Vance and A. N. Logan.

The death of Dr. J. J. Whittington, Windsor, N. J., leaves a good field for a homœopathic physician. House, lot and office for sale. Address Mrs. J. J. Whittington, Windsor, N. J.

The twenty-first annual commencement of the New York Homœopathic Medical College was held on March 3, 1881. A class of fifty-four members received the degree of this class.

The *Clinical Review* comes out in a new cover, title-page, etc. It is very neat and tasty, as a matter of course, for does it not show that it is patterned after the MEDICAL COUNSELOR?

The State Homœopathic Institute of Minnesota will hold its fifteenth annual meeting in St. Paul on May 17 and 18, 1881. There is every prospect of a successful meeting.

The Hahnemann Medical College, of Chicago, has graduated a class of one hundred. We believe this is the largest showing ever made by a college of our school.

The taste of chloral may, it is said, be disguised effectually by administering it in syrup of gooseberries, adding a drop of chloroform for each grain of chloral.

It is stated that about nineteen hundred medical students attended lectures in the various medical colleges in New York City during the past winter.

The Rock Island Homœopathic Clinical Society will holds its next meeting at the office of Dr. C. B. Kinyon, April 20th.

Dr. Gailliard, editor of *l'Homœopathie Militante*, Belgium, has been made an officer of the French Legion of Honor.

Dr. T. J. Patchen from Leavenworth to Topeka, Kan.
Dr. W. F. Hocking from Easton, Md., to Hillsdale, Mich.
Dr. G. C. McDermott to 118 West 7th street, Cincinnati, Ohio.
Dr. H. W. Taylor to Terre Haute, Ind., from Crawfordsville, Ind.
Dr. S. F. Shannon from Pittsburgh to 87 Arch street, Alleghany, Pa.
Dr. W. E. Harvey from North Anson, Me., to Cambridgeport, Mass.
Dr. Wm. Peach from Rochester, Pa., to 115 Arch street, Alleghany, Pa.
Dr. H. P. Gatchell from Atlanta, Ga., to 165 Boylston street, Boston, Mass.
Dr. Millie J. Chapman has removed from 216 to 288 Penn ave., Pittsburgh, Pa.
Dr. Frank T. Burck, of Frederick, Md., to 154 S. Centre street, Springfield, O.
Dr. W. J. Hawkes has removed to Central Music Hall building, rooms 24 and 25, Chicago.

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THE

MEDICAL COUNSELOR

A MONTHLY JOURNAL DEVOTED TO THE BEST INTERESTS OF HOMŒOPATHY.

"Amicus Plato, amicus Socrates, sed magis amica veritas."

H. R. ARNDT, M.D.,
EDITOR.

The editor does not hold himself responsible for opinions expressed by contributors.
Articles for publication, books for review and exchanges must be addressed to Dr. H. R. Arndt, No. 62 Monroe street, Grand Rapids, Mich. Subscriptions, advertisements, etc., must be addressed to W. A. Chatterton, Nos. 83 and 85 Fifth Avenue, Chicago, Ill.

Vol. V. CHICAGO, MAY, 1881. No. 2.

EDITORIAL.

THE *Medical Record* (April 23, 1881,) contains an editorial headed, "Lord Beaconsfield and Homœopathy," in which the question of consultation on part of practitioners of the dominant school with homœopaths receives due attention. It appears that Dr. Kidd, a London homœopath and the family physician of the deceased earl, asked for a consultation with Dr. Quain, an eminent old-school practitioner; this request was at first refused point-blank; after some useless fussing, and having received assurance that the treatment which Beaconsfield had received was not homœopathic at all, Dr. Quain acted with Dr. Kidd as medical adviser.

It is not stated *who* gave the assurance that the "treatment which Beaconsfield had received was not homœopathic at all"; if Dr. Kidd himself is responsible, he is either a sorry specimen of a homœopath, or is lacking woefully in "back-bone"; it is just possible that an explanation from Dr. Kidd might throw unexpected light upon the matter.* What interests us most, however, is the position assumed by the editor of the *Medical Record* when he says: "Dr. Quain had a right to consult with Dr. Kidd because the latter gentleman did not claim to practice medicine according to an exclusive dogma; because, furthermore, he did not advertise himself, and was a man

* Since the above was written, we have seen a public statement, made by Dr. Kidd, in which he denies the charge of being an homœopath, and contents himself with an assertion of the superior value, in many cases, of the law of Hahnemann. Since Dr. Kidd then does not claim to be a member of our school, we, as homœopaths, have no interest whatever in his course in the premise above stated, other remarks made are, however, none the less to the point.

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whose moral character could not be impeached. These are the true tests which should regulate medical conduct in such emergencies."

There are those in our ranks, we are quite sure, who will see in the above expression of editorial wisdom one more infallible sign of the early approach of that great day which shall witness the gathering under the branches of one tree of all the different schools of medicine, the dawn of the medical millenium; and, indeed, the statement at first glance seems unusually generous. A second and more careful reading, however, shows that it is the old familiar story of professional arrogance, "dressed up" to suit the case in hand, little more than a labored attempt to justify the action of the eminent and respectable Dr. Quain, who was in all probability quite as anxious to figure before the London public as the consulting physician in the case of so august a patient as the Earl of Beaconsfield, as was Dr. Kidd anxious to avail himself of Dr. Quain's acknowledged skill.

We presume that Dr. Quain, or any other reputable physician of any medical school, would refuse to meet in consultation any man who does unprofessional advertising or who stands convicted of being a man of immoral character; the question of pathy would not even be considered in such a case. If this be true, the only reason, according to the *Medical Record*, of particular value in the case under consideration lies in the fact that Dr. Kidd did not claim to practice medicine according to any exclusive dogma. In other words, Dr. Quain had a right to recognize Dr. Kidd because the latter did not claim to practice medicine upon strictly homœopathic principles, but recognizes the necessity of going outside the law of the similars so often as, in his estimation, occasion arises for such a course; ergo, Dr. Kidd is only slightly imbued with notions which do not by any means lessen the worth of his professional or moral character, or which might lead him to array himself in opposition to the supremacy and to the doctrine of the infallibility of the dominant school; ergo, Dr. Kidd is almost as regular as Dr. Quain, and consultation with him is perfectly proper, *particularly in the case of a Lord Beaconsfield.* There is no generous liberality, no concession whatever, in the action of Dr. Quain or in the comments of the editor of the *Medical Record.* The only way to find favor and toleration—made inexpressibly offensive by apologies and puerile excuses made for the very toleration itself—consists in a contemptible subserviency to the dictum of self-appointed guardians of professional propriety, which is far more disgraceful to a man like Dr. Kidd than it would be to a country practitioner in the backwoods of Michigan. The old-school grandees are commencing to feel the pressure of public opinion, and they dare not hurl wholesale accusations of professional ignorance and quackery at men who have risen to high places in social and scientific circles; but this state of affairs is accepted with the worst grace imaginable. And since they are acknowledging the fact that homœopaths are monopolizing a large share of the best patronage in cities, is it strange that they show a willingness to accept concessions from weak-kneed members of our school, which will enable them—the "regulars"(?)—to unbend in a patronizing sort of a way for the sake of making an empty show of liberality—so well calculated to raise them in the estimation of the dear public—and accept their share of spoils?

Taking a business view of the matter, we are certainly forced to admit that such action on part of old-school practitioners is based upon sound business principles. They do not yield one inch of ground, do not compromise themselves in the least,

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gain credit for a liberality which they do not possess, strengthen their professional reputation, and increase their income. And what of the compromising homœopath? He becomes the loser from the very moment he makes a concession; he weakens his hold upon intelligent and observant clients; he smarts under the knowledge that he has been forced to humiliate himself that he might gain—what? A friend who will help him bear the responsibilities of the hour, and who will shield his reputation if necessity arises? Alas, no! A luke-warm, indifferent adviser, whose contempt is only half hidden under a thin layer of conventional good-breeding, infinitely more offensive to a sensitive gentleman than the fiercest opposition tinctured by that respect which depth of conviction and consistency in practice ever command at the hands of the most bigoted and unyielding opponent.

We are by no means averse to calling into consultation any physician, regardless of "pathy," whose experience may prove valuable to a patient of ours, provided we can secure such services without stultifying ourselves, or surrendering the smallest part of our professional rights; but even in such cases it behooves us to use much caution lest we may be the losers. If we have determined upon taking such a step, we will lessen the risk of a possible refusal, and of otherwise unpleasant consequences to ourselves, by calling upon a man of advanced years, large experience and of firm convictions, and by a frank avowal of our determination to remain true to our own views upon the matter of therapeutics. There is rarely any difficulty on the part of an intelligent, courteous, independent homœopath to find an equally intelligent, courteous, independent old-school physician who is quite willing to give his services as consulting physician, and to discharge the duties of such a position in a fair and manly manner. It is quite often different with *young* men who lack practical experience and knowledge of life, and supply this deficiency by an abundance of conceit.

The professed homœopath who makes "concessions," who gets down on his knees and whispers a confession that his treatment in *this* particular case "is not homœopathic at all," deserves and receives but one thing—the utter contempt of all true men; his moral cowardice becomes more apparent and offensive as his social and professional position is more or less strong and conspicuous.

MURIATIC ACID THERAPY.

T. S. HOYNE, A.M., M.D.

Professor of Materia Medica and Therapeutics in Hahnemann Medical College of Chicago.

Muriatic Acid is a remedy which is entirely overlooked by many homœopathic physicians, and yet is often of very great utility. The prominent mental symptoms are: very irritable and inclined to anger and peevishness; peevish, fretful mood; sad and quiet, but discontented with his lot. Headache, when the pain is located in the occiput, the brain feeling as if torn or bruised, aggravated by walking in the open air or stooping, suggests this drug.

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In coryza, we have found it valuable for frequent sneezing with much discharge of an acrid, corroding water (similar to Arsenicum, and follows well after it). Continuous epistaxis; sore nostrils, with stinging pains.

In affections of the tongue it is often serviceable, particularly when the tongue is thick, darkened and almost covered by a grayish-white membrane; when there are painful blisters on the tongue with much burning; or ulcers (from syphilis or other causes,) with black bases and everted edges. Bluish color of the tongue (Ars., Dig.); excessive dryness of the mouth and tongue—it is heavy and paralyzed, so that the patient cannot move it at all. Dr. Robert T. Cooper contributed an article on Muriatic Acid in diseases of the tongue to the April number of the *U. S. Med. and Surg. Jour.* He reports several cases of cancer of the tongue benefited by its use.

Thrush and aphthæ are conditions well met by Muriatic acid. Redness of inside of cheeks and of the arch of the palate; mucous lining of the lips, inflamed, red and painful, stripped of epithelium to a considerable extent, and dotted with whitish points; patch on right side of tongue, large and irregular, but very deep; can't bear the sight or thought of meat; fetid breath; low type of fever; wasting diarrhœa.

Diphtheria occasionally requires this acid for its cure. The affection commences with a diffused redness of the mucous lining of the throat and tonsils, soon followed by grayish-white deposits on the tonsils, velum and posterior portion of the pharynx; inability to swallow; the attempt to swallow produces choking; the patient keeps clawing at the mouth as if some obstruction must be pulled out of the throat; urine too copious.

In the treatment of hemorrhoids we have often derived benefit from this remedy. The anus is very tender, the patient cannot bear the least touch, even of the sheet; sharp, stitching pains after each evacuation; varices of the anus which are exceedingly sore to the touch; largely protruding piles, bluish and extremely sensitive and painful; constant weight and pressure, aggravated by exercise; frequent diarrhœa with intolerable itching of the anus; prolapsus ani when urinating. It is especially serviceable in persons with light complexion.

The diarrhœa requiring Muriatic acid is watery, and often invol-

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untary, with intolerable itching and soreness of the anus. Before stool, there is much rumbling in the abdomen, with colic; after stool, burning in the anus; prolapsus ani; protrusion of varices; great debility; pulse weak and slow, intermitting every third beat. The urine is also often passed involuntarily. This form of diarrhœa is usually an accompanying symptom of typhoid fever.

Menstrual symptoms.—The menses are too early and too profuse, preceded by severe pressing and bearing-down pains, and accompanied by extremely sore hæmorrhoids, which itch terribly, but are not relieved by scratching. The patient is sad and taciturn, as if she were going to die; often irritable and disposed to anger.

It is valuable also for leucorrhœa, attended with exceeding soreness of the anus, either from piles or fissures; and for uterine ulceration with putrid discharge, attended with a great sense of weakness.

Whooping cough with involuntary stools and urine suggests this remedy. The cough is much worse in the afternoon and evening. and is accompanied by epistaxis, redness of the face, tearing pains in the head, bursting pains in the chest, and palpitation of the heart. The pulse intermits every third beat. When there is any expectoration it consists of dark blood.

In the continued fevers, typhus, typhoid, etc., it is of very frequent utility for these symptoms: loud moanings; out of humor; sad, taciturn, with anxious apprehensions; irritable, disposed to anger and chagrin; vertigo with unsteady gait; headache in the whole head; heaviness in the back part of the head; boring pain in the vertex; burning feeling in the head; headache aggravated by rising up in bed; perpendicular half-sightedness; very sensitive to noise, and over-acuteness of hearing; tingling, humming and whizzing in the ears; the lower jaw hangs down; coryza with thick yellow or watery, corrosive discharge; obstruction of the nose; pimples on the face; scorbutic gums; rawness and smarting of the fauces; acrid and putrid taste in the mouth, like rotten eggs, with ptyalism; continual eructations; mouth full of dark, bluish ulcers; cutting and pinching pains in the abdomen; rumbling in the abdomen; diarrhœa with burning and smarting in the rectum and anus; hæmorrhoidal tumors, swollen, blue, with burning soreness; great sensitiveness of the anus to touch; itching at the anus; hæmorrhage of dark liquid blood; involuntary stool when passing urine; frequent

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micturition with profuse discharge; slow emissions of urine; weakness of the bladder; stitches and pain in the vagina; aching pain in the small of the back; weakness of the thighs and wavering gait; sliding down in bed; great debility.

In intermittent fever it has proved useful for shuddering over the whole body, with hot cheeks and cold hands; burning heat, especially in the bowels and soles of the feet; night and morning sweat.

Scorbutus is still another affection in which Muriatic acid has proved curative. The parts affected are very sore and tender to the touch; the gums are swollen, red, ulcerated; painful blisters on the tongue and inside of the cheeks; grayish-white coating on the inside of cheeks and tongue; moist or pustular eruptions on the body.

While Muriatic acid closely resembles Arsenicum, there are many well-marked differences. The Arsenicum patient is better from warmth, after sleep and in wet weather. The Muriatic acid patient is worse from the same causes. The former has an accelerated, small and weak pulse, the latter a slow and weak pulse; one has want of thirst, the other frequent thirst, drinking often and little at a time. Arsenicum affects the lower right and upper left side, Muriatic acid the lower left and upper right side. The former has heat or sweat, with aversion to uncover; the latter, heat or sweat, with inclination to uncover.

ON PROTRUSION OF OMENTUM FROM SMALL WOUND OF THE ABDOMEN.

R. K. PAINE, M.D., MANITOWOC, WIS.

Read before the Homœopathic Medical Society of the State of Wisconsin.

I take up this subject because there is so little said about it in surgical writings that are accessible to the average country practitioner. We cannot all of us afford such expensive works as Holmes' Cyclopedia of Surgery, and not every one even Gross' Surgery. Accidents of the kind above mentioned are evidently infrequent, and for that reason more liable to find us unprepared to decide what to do; but we ought to know, if possible, although the

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saying, "Do nothing when you don't know what to do," is better than doing wrong in such a case.

Sunday afternoon, March 7, 1880, a little girl about two years old was brought to my office from the country twelve miles, after having received a stab in the abdomen from the small blade of an ordinary pocket knife in the hands of her brother. They had been playing together, when suddenly her brother took away from her a stick of candy she was eating, and she jumped upon him to get it back; in doing so, she some way came against the knife blade held in her brother's hand, making a puncture upward, about five-eighths of an inch to the left and above the navel. She immediately complained of pain in the abdomen, when, on examination being made, a piece of the omentum nearly an inch long was found protruding from the wound. The injured part was covered with wet cloths and the child taken to my office as soon as possible, in a lumber wagon, riding four or five hours on a very cold day.

After removing the wrappings, I found the child in good condition, but the piece of omentum was cold and somewhat congested, and the membrane covering it slightly torn. The mass was about an inch and a half long, three-fourths inch wide, and over half an inch thick. It was impossible to replace it in the abdominal cavity without considerably enlarging the opening. It having been out so long, and being in such a condition as it was, I did not dare to enlarge the wound and return it. Never having seen or heard of such a case, I consulted my surgical authorities for information without finding anything very definite, however, to suit this particular case. Mr. Bryant would wait a couple of weeks, and then ligature the whole in halves, or, as some English authorities prefer, let it dry up and come off itself. He objects to enlarging the wound to replace omentum. Hamilton considers these small wounds very dangerous, but would enlarge the wound to replace the protruding part if seen early. He, as well as several other authorities, fail to make it clear what to do with a case like mine. As there appeared to be no sign of inflammation or other trouble threatening, I, with the sanction of Dr. Blake, an old-school physician of long experience, applied a lotion of carbolized water and a compress of cotton wadding over the protruding omentum; fixed a little Aconite to be given the child once in two hours, and ordered her kept perfectly quiet on her back.

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All went well for ten days, when, as the danger of inflammation had passed away, and it was getting hard to keep the child still, I proposed putting a double ligature through the neck of the swollen, granulating mass of omentum and remove it, cutting close to the ligature and skin. But to this the mother of the child objected, and all I could do was to let them go home with instructions to keep the part as clean as possible and to apply a carbolized ointment. About six weeks afterward, they reported that the dried-up piece of omentum had come off all right. During this whole time since the first four days after the injury, there was no indication of inflammation about the wound, nor were there any other abnormal symptoms developed during the time.

From this case, and what I have been able to learn about the subject, I would summarize about the following treatment for these small wounds with protrusion of omentum. When the case is seen very soon after the injury is received, and the omentum can not be returned through the wound, then give Chloroform or Ether and enlarge the opening sufficiently to allow the omentum to be carefully replaced, provided it is not too much torn and bleeding; if this should be the case, wait until all bleeding is checked, ligating vessels if necessary. But if it is swollen and congested, having been out some time, it should be ligatured by running a double thread through the neck of the protuding mass and ligating it in halves; then cut through near the ligatures and drop the stump to the bottom of the wound. Some antiseptic dressing should be used to cover the injury. The stump of the amputated omentum ought to be held in place at the bottom of the wound in the abdominal walls by the threads of the ligatures fastened with adhesive plaster so as to remain firm until they come away.

I think this operation should be done at once as soon the case is seen, rather than wait two weeks, or to let it dry up. Waiting for it to dry up and fall off is a very tedious and troublesome operation, and in either case there must be a liability to septic infection. If left two weeks to swell and granulate before removing it, the patient or friends become impatient and obstinate, and nothing but a hospital ward can hold them in hand until the result is completed.

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TYPHOID FEVER.

G. R. SHAW, M.D., RIPON, WIS.

Read before the Homœopathic Medical Society of the State of Wisconsin.

Perhaps I could in no way make the few moments allotted to me more profitable to the association than simply narrating the sickness of one of the most severely afflicted familys that it has fallen in my lot to witness since I entered upon the practice of medicine.

I have selected this family being well aware of the fact that every practicing physician meets with cases similarly afflicted, but never in my experience have I been at so great a loss to account for the different phases of the disease, all apparently having something in common as to origin and results. I do not therefore bring these cases to your attention because I feel prepared to throw any light on their more prominent developments, but rather that it may waken thought respecting a class of cases so very common that we are liable to overlook the things we most need to know, in searching after things that are so very rare that we seldom or never meet with them in our limited country practice.

We have all had occasion to observe the contagious developments and results of this disease. It is one of the many things in ætiology that we know but very little about, in itself, aside from its results; and I am free to admit that I never was so troubled to account for the persistency as well as several other features of this case I am about to notice.

This family live on the shore of Green Lake, a locality I have been familiar with for the past twenty-five years, and one I have regarded as the most healthful in the state. The house is located on the bank of the lake, and near the foot of quite a steep ascent, covered with nice second growth timber. The well from which the family obtain their water is a little above and north of the house and near the edge of the timber, and the barn is several rods below and east of the house, so there could be no drainage either from the barn or house. The first few weeks of their sickness they were under the care of a lay homœopath lady physician—a resident of the place—I only being called in occasionally to see that things were going right, until the disease had been progressing six to eight weeks, and began to put on a more serious aspect, when I was sent for, but,

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not being at home, a competitor of mine was called, so that for two months—November and December—I had but little opportunity to note the progress of the disease, and have to depend largely on the account given me by the mother (who was a careful observer of symptoms, and who kept a memorandum of each and every new feature), I regard her representation as wholly reliable. The family consisted of seven children—five boys and two girls. The eldest boy, of fifteen years, was first taken; three weeks later, two others, a girl aged eleven and a boy aged four years were taken. Nothing unusual in the course of the disease occurred until seven or eight weeks had elapsed, aside from the extreme pertinacity with which the disease seemed to cling to the children. At this time, the last two were suddenly taken worse, the girl had a shrivelled, livid appearance, with cold, clammy perspiration, accompanied by faintness and an increase of delirium, characterized by incoherent talking, great nervousness and constant wakefulness; this continued some three days when reaction seemed to take place, the usual heat of the system returned and she became rational for the first time since her attack, six months before. Now a new feature made its appearance, a general dropsical condition began to be developed; this was first noticeable in the face, then in the trunk, and finally in the upper extremities. This condition of things grew rapidly worse for some three weeks, when death closed the scene. Some two weeks before she died, three more in the same family, the father, another boy, aged ten, and a little girl aged two years, were, one after another, prostrated by this same disease.

About this time, I was called to take full charge of the family. There was nothing peculiar in the first stages of the disease in these last three cases. The usual pains in the head, back and bones, dizziness, chills and fever, in alternation, a general soreness of the flesh, with great languor, followed by tenderness over the bowels and the characteristic diarrhœa. The tongue put on more of the bilious coating than our typhoids are wont to do, but still was not wanting in its usual redness at the tip and edges, or its pointedness on protruding, nor its dry brown appearance further on in the disease. The father's case was peculiar in having a voracious appetite (as did the little girl that died), and an extreme sensitiveness of the muscles on trying to make any exertion, or even to the touch. His diarrhœa

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was excessive, although his bowels were less tender than other parts of his system. The little two-year-old girl's case was the most alarming on account of the dropsical tendency in her case, so closely allied to her older sister's, that we gave this one our closest attention. But any and all efforts made by examining the urine, the liver, or the heart, were mainly negative in their results. An enfeebled condition of the heart's action and nothing more, was all that we could discover.

This girl had shown but little if any emaciation, was possessed of an unusual amount of strength for one who had been sick so long with this disease, but in spite of every remedy that seemed indicated, she dropped off suddenly, as if from some sudden stopping of the heart's action.

My attention was now called to the condition of the boy's mouth, who had been treated up to two weeks previous to this by one of our very skillful homœopaths (so-called), and who claimed that he seldom used anything in the line of medicines known to us common mortals. Six of the boy's teeth had already fallen out and more followed, making a clean thing of all on the right maxillary, except the last molar. I found on examination that the effects of the Mercury (as I called it—the attending physician had called it the effects of the fever) had not stopped with the teeth, but the alveolar process was entirely gone, and an opening one and one-half inches in length, and over one-half inch in depth, had been made up into the upper jaw. It had *eaten* this, I was told, in the last two weeks. Since the teeth had dropped out, I decided on trying something stronger than Borax, which they had been using to arrest its progress, and immediately resorted to the use of Hydro-chloric acid, carefully applied, add dressings of a solution of Chlorate of Potash. I soon had the satisfaction of seeing some healthy granulations, and, after removing some of the sharp processes of bone and a piece of the jaw, one and one-fourth inches in length, and one-half inch in width, I obtained a good, smooth granulating surface. The boy's face is greatly changed for the better.

While attending the cases above described, another boy, eight years old, who had had a mild run of the fever late in the fall, and who had apparently entirely recovered, was suddenly taken with chills and fever, followed by a convulsion that lasted him over an hour be-

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fore the muscles became relaxed. When I arrived, soon after, he was entirely unconscious, pupils largely dilated, flushed face, full, bounding pulse, considerable rigidity of the spine, with the head drawn back and an inability to bring it forward without evident pain. After forty-eight hours, by the free use of Aconite, Belladonna, Veratrum viride, and such other means as seemed indicated, the boy became quite himself again, when he was taken with another convulsion which terminated in death after some two hours. A few days later, another boy, two years younger, who had also had a run of the fever early in the winter, but who had apparently entirely recovered, was taken in very much the same way, with delirium, chills and fever, etc. He was entirely relieved from the attack, and was apparently quite well again for some two weeks, when he was taken again with a fresh attack of the fever, while I was still in attendance upon his father and mother for the same disease, and after two weeks this case settled into an unconscious nervous condition, exceedingly restless and wakeful, with constant whining day and night without being able to articulate a word. I noticed at this time a gradual enlargement of the parotid gland. This nervous whining stage lasted some three weeks. Not a day passed that I was not more surprised at his *living* than I should have been at his *death*. Having exhausted all homœopathic remedies to promote rest, and finding none, and having urgent entreaties from the family to give him something to *quiet him*, I through sheer desperation gave him a solution of Chloral hydrate, and soon had the satisfaction of knowing that I had struck the right remedy. I opened the glandular abscess and took from it about a gill of healthy-looking pus. I continued the use of Chloral at night sufficient to make him rest, which, with some mild tonics and nourishing diet, caused him to make a slow but gradual recovery, until the first of May, when I dismissed the case.

This makes a four months' siege that I had in the family, and four and one-half months by three other parties before I was called to take full charge of the case, eight months and a half in all.

From the persistency of the disease, and the frequent attacks and relapses, I was led to think it had its origin in some local contagion. The house was, therefore, thoroughly cleansed and disinfected, and disinfectants had been used from the first; carpets were taken up,

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aired and thoroughly fumigated with sulphur; the ceiling and walls of the rooms washed with a solution of copperas, containing carbolic acid. The water supply the cellar and out-buildings were thoroughly examined without being able to detect anything that could be assigned as the direct cause of the malady. The mystery remains unsolved. A large family had been prostrated with this disease through eight and a half months; two of the cases had terminated in general anasarca; one had died from cerebro-spinal meningitis, after recovering entirely from the fever; another had apparently an attack of the same trouble months after he had recovered from a run of the fever, and finally had the second attack and recovery after an eight weeks' run, while all had repeated relapses of the disease.

What inferences, then, are we warranted in drawing as to the manifestations of the typhoid poison in the family:

1. That typhoid poison, weak and inoperative though it may be in sporadic cases, and in this form very frequently yielding to the use of the appropriate remedy, becomes less and less so as the disease progresses.

2. That when a dwelling or its furniture becomes saturated with this poison, patients are not only liable to relapses, but a run of the fever is no certain immunity against subsequent attacks.

3. That cerebro-spinal meningitis may be generated from the same specific contagion, the poison affecting the organism in different subjects so as to produce different diseases from the same poison.

And, finally, this morbific poison may, and does, at times, so permeate and derange the entire economy, as to induce general anasarca.

Such are some of my own inferences from these detailed cases. If any of the fraternity have had a similar experience, and are prepared to throw light on these cases, I shall be glad to hear from them.

CORN CURE.—It is said that corns may be cured without pain by using 30 parts of Salicylic acid, 5 parts extract of Cannabis ind. and 240 parts collodion. It is to be mixed well and applied by means of a camels-hair pencil.

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MORBID ACTION.

J. G. GILCHRIST, M.D., DETROIT, MICH.

Read at the January meeting of the College of Physicians and Surgeons of Michigan.

At our last meeting I attempted, in a hastily prepared argument, to delineate the nature and *modus operandi* of the forces of life, as a necessary preliminary to the study of the perversion of these forces as manifested in what we call disease. With a clear conception of the natural operations of the functions of life, and an equally comprehensive knowledge of abnormality, it permits of the construction of a rational therapia. Without this logical premise, there cannot be a logical sequence, and all theories of disease causation must be correspondingly hypothetical and crude.

It will be recalled that we found life to be, viewed purely from a materialistic standpoint, dependant upon atomic production and combination, molecular motion, a just relation between waste and repair, receptivity, and the underlying and all-pervading operations of the force-governing functional activity. It was stated in a few words that morbid action was the converse of all this, but it is now incumbent upon us to consider the questions more in detail.

I. All morbid action may be said to depend, as to establishment of the state, upon the individual being surrounded by suitable conditions, intrinsic and extrinsic, and the degree of susceptibility or receptivity, local or general, constant or transitory, in the individual concerned. The conditions suitable to disease are all such climatic, thermometric, or other states of the media of life that might act as excitants of deranged function, as well as bringing the individual within the influence of specific poison, as that of variola, syphilis, etc., or any other product or concomitant of disease that can impress an organism otherwise capable of impression. We can derive an elementary idea of the source of morbid action by observing the process of taking cold. The first symptom of "taking cold" is a feeling of chilliness and suppression of cutaneous perspiration. This is due to capillary contraction, which drives the blood to the centre, and produces a greater or less visceral hyperæmia, or, it may be, congestion. Soon the surface becomes red and hot, in severe cases swollen, indicating capillary dilatation, with increased flow

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of blood through the parts. In persons of vigorous habit of body, or those in which receptivity is minus, there may be no further difficulty. Should, however, the impression be profound, from extreme capillary attraction, or the individual be predisposed, by inheritance or otherwise, to visceral lesions, the temporary hyperæmia may become a veritable inflammation, and the harbinger of most destructive processes. Some systems of pathology teach that all acute morbid action originates in "taking cold," and there is much to warrant such a conclusion. Now, the principle may be laid down that etiology rests upon two elements, which may be considered as exciting and maintaining immediate and remote causes. Thus we see the effect of cold on the peripheral capillaries is the immediate or exciting cause of the later phenomena; but unless there are maintaining conditions, the primary effects are transitory. We educe our first axiom from this, and state that the exciting causes of disease are extrinsic, physical and transitory; the maintaining causes are vital, originating within the organic life. In other words, the exciting causes are those which make all men equally liable to morbid action; the maintaining, those which render one person more liable than another.

Before proceeding farther, we must consider a second branch of this topic, viz., *receptivity*. For a long time the fact was recognized that among a certain number of individuals exposed to the same morbific influences, only a small proportion succumbed to the same, and the vague explanation was offered that it was due to differing conditions of receptivity. We are now, it is thought, in a position to offer a more comprehensive solution of the apparent mystery.

We have already learned that the manifestations of form seen everywhere about us, in sound, heat, light, color, and electricity, represent different modes of motion. The accuracy of an individual conception of these agencies is exactly in proportion to his perceptibility. This was illustrated by the experiment with the organ pipes. Now, as it is with sound, so it is with all these agencies and forces; what will be one thing to me, will be another thing, plus or minus, to another. In fact, it is a demonstrable fact, that a dozen individuals will view the same object with a dozen differing conceptions of its true nature. A green leaf is only relatively green; it may be green to all, but there are fine shades of difference to each observer. Some of them are due to different conditions of light and shadow,

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but most of them to actual differences in acuteness of perception. In other words, there is no standard of color. Acuteness of special senses is due to special training, it is true; but without the germ of the perception, there is nothing to develope. It is like attempting to elicit a tone from a piano-key when the string related to it is broken. No amount of adjustment of the action can develop a tone when the string, representing the vital unit, is wanting. This, then, represents fairly the state of receptivity. It has been said that any prayer or curse proceeding out of our mouths makes its influence felt to the remotest boundaries of the universe; the vibration of the molecule nearest ourselves is communicated from one to another, by physical concussion, and whilst constantly diminishing in force, yet the motion only ceases when no more molecules are found to be acted upon, away on the boundaries of illimitable space.

Now, whether we view these forces as material or spiritual, they are equally expressions of modes of motion, and can only be operative by meeting relating modes of motion in the body upon which their influence is exerted. If the morbific force is energetic, it may develope its influence in any organism, no matter what the strength of the opposing protective force may be. Under other circumstances, the attacking force is more powerful than the repelling, and nature succumbs. Nature abhors irregularity; her operations, in organic life, are carried on, in the absence of any disturbing influence, in harmony, with a just equilibrium between action and reaction, waste and repair. All the forces and instincts of nature, therefore, are toward health, and the invasion of disease is an acknowledgment by nature of defeat; her reparative and recuperative engines have been overthrown, and she lies prostrate, calling on art for assistance. With this view of the case, the study of normal and diseased processes is to be pursued by entirely different methods, and it were manifestly unwise, as it is unscientific, to leave nature to fight the battle of life and death alone. I shall attempt shortly to demonstrate that the forms of disease are always of a physical and not a material character, but at this time will simply state the fact as established. We find, therefore, that morbid influences, acting upon an organized body meet with a reception dependant entirely upon the state or condition of that body. The forces of life acting in perfect harmony, the functions accurately performed, all the force

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in that body rises to repel the invader, as its function is: the life forces being disturbed, sometimes in the slightest degree, and the morbid influence prevails. A distinguished physiologist has said that force in the organized body has a double purpose: to repel assaults of a disturbing character, and to maintain functional integrity under normal conditions. This force may be grossly represented as existing in definite proportions from the beginning of life in the individual, and when any of it is lost, through the exigencies of accident or disease, it is a permanent loss, and can never be repaired. It is a deposit that draws no interest, but which may be drawn upon so long as any of the principal remains, and no longer. Every draft drawn upon this veritable *corps de reserve* weakens future powers of resistance, and a ready explanation is found for the greater susceptibility of those who have once been ill to subsequent morbid impressions.

As far as we know, the action of the nerves is a vital one, no material agency being perceptible, and it is possible that the brain, related as it is to both the cerebro-spinal and sympathetic systems, may be considered as the great store-house of vital energy, the original source of all vital phenomena. Conceding this, we note an important fact in connection with epidemic influences. How often has it been remarked that those who are frightened and solicitous about the particular epidemic, are the first to be stricken down; that the death-rate is greater among these than the more courageous. The fact is of particular value at this time, as it seems to demonstrate that the commencement of the morbid action is on the atomic plane; disease begins at the origin of life, rather than the organic manifestations of the same.

From what has been said, it is proper to conclude that trauma and morbid action an not related, unless, in exceptional instances, as cause to effect. An organism may, from inherited or accidental conditions, be continually struggling between health and disease; a feather's weight may turn the scale in either direction. Under these circumstances an injury may develope the latent disease, but the accident can only be regarded as a *purely* accidental exciting cause, and the result as in no sense a legitimate consequence thereto, a thousand similar conditions resulting very differently. This is mani-

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fest, if further proof is needed beyond the mere statement, when we recall the nature of the two impressions. In the case of disease, it is the formative forces, the force of production and organization, that is attacked, which interrupts the repair of waste in the organ, and organic loss soon gives expression by general functional disturbances related thereto. In trauma, the lesion is sustained by formed tissue, tissue constantly undergoing waste and repair, and may be considered as simply an exaggerated waste. In the one case, the moment of lesion inaugurates disintegration and death. In the other, the reception of injury finds not only the conditions of repair present and in full operation, but the lesion itself is a stimulant to increased reparative effort, by extra-physiological processes. We are forced to concede, therefore, a total dissimilarity in the processes as well as results, and are compelled to look for causation elsewhere. We find it, as said in the opening of this topic, in conditions suitable to morbid development and proper receptivity in the individual brought under their influence.

II. A question naturally suggested by what has gone before will be: is there any limit to the duration of morbid action, and, if so, what relation does this limitation bear to the cause? An answer to this question can only be given with a certain amount of authority, as it is now under discussion in the world of science, and far from being settled. It has long been an acknowledged fact, that certain morbid conditions have definite duration, and run through a prescribed course, with the development of symptoms in a certain order. This fact has been thought to argue against the vitalistic doctrine of disease, but the contrary, it appears to me, is readily shown. The condition does not continue only during the operation of the cause, but is determined solely by the character of the processes necessary to restore the lost equilibrium. We have a convenient illustration in the natural course of the coryza from taking cold. First, we have, as the direct action of the disturbing force, capillary contraction, with dryness of the tissues. The existing cause has now ceased to exert any influence on the system, and the subsequent developments are entirely of a vital character, set in motion and maintained by forms originating and operating entirely within the body. Thus the reactionary effort of the primary contraction will be a corresponding relaxation of the capillaries. The parts are in a state of

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active hyperæmia, sometimes reaching over into inflammation. We have four symptoms or conditions developed, quite pathognomonic of inflammation, viz., heat, excited growth, escape of leucocytes, and exudation. The exudation is first serous, of course, when the intravascular tension is moderate or low, but as appearing on few surfaces has characters that are dependant upon the tissue of the part, whether serous or mucous. Now the relief of this local disturbance, when accomplished by the unaided forces of nature, is secured by a certain and definite method of retrogression, going through certain stages in order and occupying a known period of time. In this sense we speak of self-limiting diseases. The question can be approximately answered, therefore, by asserting the duration of a case to depend upon the degree of textural lesion, particularly in the part giving expression to the morbid action, based upon the necessities of repair. The exciting causes cease with the apppearance of the primary symptoms; the maintaining causes commence with the establishment of the first departure from normal action. The duration of the attack depends upon the energy of the initial lesion, the extent of the primary impression on the organism, the previous good health of the individual, and the extent and character of the repair demanded.

III. We have now reached the last topic of our subject, one that should demand more time and careful treatment than is at our disposal on this occasion. The classification of morbid conditions has long furnished an inexhaustible subject for discussion, and we find at this late day the medical world divided into two semi-hostile camps, each bristling with argument, precedent, authority and experiment. In the vitalistic camp, we hear nothing but alteration and expression in modes of force; in the materialistic camp, nothing but germs, spores and fungi. The work of the last fifty years has sadly depleted the ranks of the materialists, and we find the mass of medical authority, and the spirit of progress in the medical profession, arrayed under the banner of the vitalists. A small party has split off from the vitalist party which might be called the spiritual, but their doctrines rest upon grounds too intangible for the student of material nature to find a rest for his foot. The materialistic party, with one or two notable exceptions, contains only the conservative element of the scientific world, those who have long since conceived

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scientific investigation as bounded by well-defined limits, and are convinced that these limits have been reached. The first party speak of diseases as being functional, organic, zymotic, contagious, infectious, specific, or idiopathic, with sole reference to an *exciting* cause: they conceive disease to be an expression of altered force, set in operation by agencies originating as indicated in the time-honored classification. This party includes the large majority of homœopathic practitioners, and nearly all of the new-school allopaths.

The other party conceives the cause of the disease and its maintenance to be material contact with disease-producing agencies of a material character which can be detected by the microscope, and are to be combatted by direct assaults on the offending organisms, the effects to cease with the removal of the exciting cause. This party is composed of the conservatives in the old school, physical scientists in other departments of study, and a small number of homœopaths, whose conversion, I think, is still a matter of doubt. Not that it is believed the present audience needs conversion in this matter, but that it is necessary to the development of our plan, let us very briefly consider the scheme of exciting causes as embraced in the time honored nosological table:

(1.) *Functional* diseases have been considered as a mere derangement of function in an organ, without a discoverable organic lesion. To-day, with our improved appliances for diagnosis, it is universally admitted that any departure from the standard of health is an expression of a structural lesion. The initial lesion is not by any means necessarily confined to the point at which the morbid action has been developed; far from it. The lesion will be at the point from which the stimulus to function in the part is derived. Thus, in cholera morbus, the first functional abnormality is increase of peristaltic action in the gastro-intestinal tract. The lesion is in the fourth ventricle, from whence the stimulus to this action is derived. So it may be laid down as a rule that a purely functional derangement, disconnected from organic lesion, cannot exist; yet, using the term in its conventional sense, it is simply the precursor of *local* organic change, if not connected.

(2.) *Structural* lesions, in this sense, that is an evident change of structure in the part giving expression to the morbid action and secondary upon functional irregularity, can never argue material

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contagion or the operation of material maintaining influences. How often have atrophied and paralyzed extremeties been treated by massage, and what not, when post-mortem inspection has shown a minute coagulum resting on the root of the nerve, which might have been cured by a few doses of *Arnica*, if an enlightened diagnosis had been made, which, having established inflammatory action, initiated progressive atrophy of the nerve, as the tissue is repaired slowly when once its nutrition is arrested. *Tolle causam* should be the guiding principle of the capable practitioner, but he can never remove a cause if he does not know where to look for it. (3) *Zymosis*, (4) *Contagion* and (5) *Infection*, may be considered correlative terms so far as they suppose the implantation of material forms into the body, which inaugurate and maintain morbid processes by a specific morbific principle. The fallacy of this position has been too often shown to need extended argument at this time, and I shall simply present some examples of every-day occurrence which can receive but one interpretation.

Syphilis and gonorrhœa are supposed by many to propagate their characteristic phenomena by cell-duplication of germinal matter furnished from one body to the other. Some microscopists have taught that spores and crypts in the blood are tangible proofs of the material nature of the infecting media. A more rational and extended examination has shown that in both of these conditions the products of the disease convey the contagion, but no methods of examination have demonstrated the specific principle, the pus, blood and other products and secretions being normal and non-specific, as far as any physical characters are concerned. The active principle is not matter, but force acting through matter. Beale and Otis have shown that the morbid form is communicated to germinal matter with which it is brought into contact, and nearly infected bioplasts communicate their properties to other formative cells, until the whole protoplasmic basis of life is changed and altered. There is no material contagion about it ; it is a mode of motion in the ultimate molecules of matter, which controls all the operations of life in the infected individual. The peculiar granules in the blood, and the crypta gonorrhœa in the two conditions under discussion, are valuable diagnostic elements, but they are not discoverable until all symptoms of the initial lesion have passed away. They are there

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after the establishment of what is falsely called the "constitutional state," and are there because of the disease, not as a cause thereto.

This is further shown by reference to a series of experiments, so often quoted by me that I dislike to press them into service again—viz., those of Cunningham and Lewis, summarized by Burkely in his work on Fungi, and Richardson on the Microscope. They incontestably proved that the prevalence of so-called cryptogamic epidemic influence, as variola, diphtheria, yellow fever and the like, had no connection with recognizable atmospheric conditions, particularly with reference to minute organisms in the air. They found, by prolonged and careful examination, that there was a notable increase in these conditions of the air with no epidemic sickness, and widespread epidemics with the air singularly free from spores and sporules. Furthermore, they proved beyond a doubt, that the bacteria, micrococci, etc., found on mucous surfaces in diphtheria and the like, were there only after the condition was fully developed—there as an effect, not a cause. They were there because there was a suitable nidus for them; they did not create their matrix.

Suppose a materialist and vitalist travelling together encountered a flock of vultures feeding on the carcass of a horse. "Behold," says the materialist, "a flock of vultures produces a dead horse." "Not so," responds the vitalist, "the dead horse attracts the flock of vultures." The analogy is natural and easy, and will be admitted by all.

One more illustration in a somewhat different direction. A tumor is a local expression of abnormal vital action, and a patient so affected may experience or exhibit no inconvenience therefrom. Let us enquire, whence comes the malignancy of this product, and whence comes the tumor in any form? In a word, we may premise, it represents exaggerated production, with degenerated nutrition. A tumor represents, to the surgical pathologist, a condition of hyperplasia, with characters of malignancy depending upon the maturity and perfection of development of its elements. The closer the cellular elements approach the normal standard the less the malignancy. Whether malignant, semi-malignant or benign, the symptom, which it is simply, is a local exaggerated cellular production, the locality being determined by accident. In all cases it has been thought, whether knowingly or otherwise, some organic injury has been in-

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flicted, it may be only to the extent of division of a single fibrilla of a muscle, or some other accidental circumstance calls an unusual amount of reparative material to the seat of election. The production of this plasma, and its distribution, is the result of forces acting at a distance from the point selected, the quality and quantity being determined by conditions over which the mere tumor has no control, and, in the earliest stages, at least, no influence. The character of that tumor, as to malignancy, is determined at the manufactory of the cells of which it is composed, in obedience to forces governing vital effort of all characters. Some abnormality in the local or general conditions determines an accumulation of plastic material far beyond the need of repair, and far beyond the ability of the absorbents to dispose of. The elements being normal *in kind*, the only abnormality is in accumulation. The lymphoid cell leaves the blood-producing glands, pure protoplasm, lacking in nothing save the elements of life. This is obtained on its passage to its destination, by oxygen from the lungs, and it reaches the tumor differing in nothing from leucocytes found everywhere. The emergency which called for this plasma having passed, the lesion healed, the absorbents perform their part, and carry the surplus away. Under what circumstances, therefore, will a tumor result from what is designed to be a mere temporary hyperplasia? There are many: The process occurring in an individual predisposed to morbid action, by inheritance or otherwise, the unusual draft made upon feeble productive powers further exhausts their tone and vitality, and the lowered vitality has a habit impressed which it is slow to recover from. The result is a degeneration in the material furnished; it becomes more and more immature, until it reaches the fœtal stage of developement peculiar to carcinoma. The flagging forces are further exhausted by corresponding loss of vigor in the digestive and assimilative tract, and poorer material is furnished the glands for manufacture into protoplasm, with consequent further deterioration in the product. No matter where the expression of deterioration is seen, the function of cell-making is the one primarily at fault, from impairment of nervous stimulus, in turn from lowering of vital force probably originating at the centre of life, viz., the brain.

Hence it must be manifest, Mr. President, that even in such grave-

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pathological processes as the formation of tumors, the true causes are centric, manifestations of derangements of force.

Without pursuing what I fear is a tedious discussion at greater length, it appears to me that disease may be logically considered a mere expression of abnormal operations of force, set in operation by accidental, transient, and extraneous forces, entirely outside of the body, maintained by forces centric in character, resident and operating entirely within the body.

CASE FROM PRACTICE.

T. A. KIMMELL, M.D., KANSAS CITY, MO.

Nov. 18, 1879, was called to see Mrs. W., aged 28, who had been confined some two months previous by the physician who had continued to treat her until he pronounced the case utterly hopeless and told them to call whom they choose.

From the patient I elicited the following history: A few days after confinement she had a chill, followed by fever, great thirst, with intolerable pain in the back and womb, with suppression of the lochia, which, however, soon returned in the form of a very offensive, purulent discharge.

Status præsens.—Great emaciation, with constant cough, and profuse, purulent expectoration (bronchial); night sweats; loss of appetite, with constant anorexia; diarrhœa, stools brown, liquid and terribly offensive; profuse ichorous discharge from vagina; great and continuous pain through back, pelvic articulations and lower limbs, which are flexed, especially the left one, with a swollen or puffy condition of the outer side of the left hip and limb, extending from the superior crest of the ilium, to four inches below the great trochanter. The swelling had fluctuation, but lacked the usual heat and inflammation attending an abscess. An exploration of this swelling with a hypodermic syringe gave the same kind of discharge which passed from the bowels. I determined upon, and made, a free incision about four inches below the great trochanter, and evacuated a large amount of bloody pus and fecal matter. Ordered injections of carbonized water into the fistulous tract and vagina, placed the

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woman upon her right side, and left Lach.[30] to be taken internally.

Nov. 19.—Less pain in back and limbs, nausea less, discharge from bowels entirely arrested, but upon inquiry in regard to the opening in the thigh, I found that all the discharge from the bowels was passing through this opening. Introducing a probe into the fistulous tract, I explored it to a point opposite the sacro-sciatic foramen. Here I determined upon making a free opening in order to prevent the passage of the discharge for such a length through the muscles.

After making this last incision, I had the tract thoroughly washed out with carbolized water, and used compresses, kept in place by tight bandaging, thus compressing the tract between the two openings. Ordered frequent, thorough cleansing, and continued Lachesis.

Nov. 20.—Appetite improved, pain less, no discharge from the bowels; but continuous discharge of thin, fecal matter and pus through the last opening. Believing now that the pus was the result of fecal infiltration, I determined upon confining the bowels and keeping them so for some time, if possible. With this object in view, I gave one-grain doses of Opium every four hours, kept patient on right side, continued Lach.[30].

Nov. 21.—Found that the Opium had had the desired effect, as the fecal matter had almost entirely disappeared from the discharge, which was now principally pus; vaginal discharge diminishing; patient otherwise about the same. Ordered one dose of Opium daily, and continued Lach.

Nov. 24.—Patient somewhat improved; expectoration diminished; some appetite; no movement from the bowels; fecal matter entirely disappeared from discharges through fistulous opening, but occasionally sulphurous gas escapes. Continued one-grain dose of Opium daily, and Lach.[200].

Nov. 30.—Bowels still confined, discharge from fistulous opening very much diminished; pus more healthy in appearance, and has lost the terribly offensive odor first accompanying it. The former tract and opening are fast healing up; patient cheerful, and expresses, for the first time, a belief in her ultimate recovery. Applied Calendula locally, and continued Lach.

Dec. 5.—Bowels still confined; appetite poor; less vaginal discharge; also, diminished discharge from fistulous opening; consid-

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erable cough and expectoration. Gave Sulph.^{30}, and discontinued Opium.

Dec. 10.—Patient much improved; bowels moved on the 8th (for the first time in seventeen days) through the natural channel; appetite better, probably from discontinuing the Opium; pain in back almost gone; expectoration still continues quite profuse. Gave Sulph.^{200}.

Dec. 19.—Improvement still continues, discharges becoming much less. Gave Hepar sulph.^{30}.

Dec. 31.—Patient very much improved; fistulous opening rapidly closing up; vaginal discharge has ceased altogether, but there is still cough and considerable expectoration. From this time on, the patient continued to improve. Yet, for many weeks there was apparent shortening in the left limb, and flexion in the knee from contraction of the tendons, together with weakness, necessitating for some time the use of a crutch; but complete recovery took place, and she has since born a healthy child.

This was a case of pelvic abscess, communicating with the bowel, and escaping from the pelvis through the great sacro-sciatic foramen.

A CASE OF ACUTE ARTICULAR RHEUMATISM.

W. E. LEONARD, M.D., MINNEAPOLIS, MINN.

Mrs. X., aged about 45, past the climacteric, was attacked with acute articular rheumatism about the left shoulder-joint. When she sent for medicine, the joint had been somewhat swollen and very painful for several days; *pain greatly aggravated by washing hands in cold water*, also *at night*, compelling her to get up and walk about for relief. Prescribed, Calcarea ost.^{m000} F., one dose, Jan. 20, 1881, 9 A. M.

Jan. 21.—Patient experienced so much relief by noon yesterday that she ventured to take a drive during the afternoon in the cold damp air. This aggravated her sufferings all through the night in spite of free use of Laudanum lotion and Valerian. She is fortified

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against such attacks, being subject to them. Prescribed Calcarea ost.[200], two doses, two hours apart.

Jan. 22, 10 A. M.—She passed last night much more comfortably, but the pain about the shoulders is still intense. The affected parts are exquisitely sensitive, the *left arm* lies helplessly at her side, it *having a numbness from the elbow down.* Her tongue is slightly coated and she eats nothing. Then I first thought of her mild, patient disposition, her sanguine temperament, and wondered why I had not prescribed Pulsatilla before, as I then did, one dose of the 10,000, B. & T., followed by Sac. lac. every two hours.

Jan. 23, 10 A. M.—Great relief soon after taking medicine. "No pain whatever about the shoulder" this morning. She slept well and relished a light breakfast an hour ago. Prescribed Sac. lac.

Jan. 27.—No pain about the shoulder, except a slight soreness and stiffness on attempting to move the arm backward. All other symptoms have disappeared. Last evening, a slight papular eruption appeared on the left upper extremity, extending from the hand upward, itching violently, especially at night in bed. She wished to put on something to allay the itching, but I persuaded her to let it alone, telling her the eruption would go away of itself in a few days. Her daughter inadvertently remarked that she knew it was a return of the scabies she (her mother) had had in New England in her childhood, and which had been treated by the then fashionable external applications! The eruption disappeared within a week, with the complete recovery of the shoulder-joint, but she suffered for several days from vertigo on turning quickly, rising from a seat, etc.; also from a headache deep in the brain and "loss of all ambition."

I submit this cure just as it reads in my note-book, with these reflections and queries:

Pulsatilla was as well indicated in the beginning as Calcarea, for it possesses the above modalities in the same degree as Calcarea, and had it been given in a high potency then—Am I asserting too much?—would have completed the cure in spite of the exposure to wet weather. The final decision was made upon the individual peculiarities of the patient, to the exclusion of Amm. carb., Ambra, Ant., Clem., Sass., Sepia, and Sulph., besides Calcarea, which all possess the modalities of the case in the same degree. (See Lippe's Repertory, p. 316)

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Was the appearance of the eruption evidence of the anti-psoric action of Pulsatilla, or was it due to the irritation of the skin by the Laudanum lotion or by its (the skin) own exhalations, naturally rendered more profuse and irritating than usual? Ziemssen's Encyclopedia, under the heading, Polyarthritis Rheumatica Acuta (vol. xvi, p. 40), states that sudamina, accompanied by miliaria (rubra) and even urticaria, sometimes results from the irritating effect of the copious secretion upon the skin, *i. e.*, in cases where profuse sweating is marked. But there is no evidence of much sweating in this case.

Moreover, the irritating lotion was applied six days before the eruption appeared, too long, as it seems to me, to enable us to assign the relation of cause and effect.

The alternative remaining then is that Pulsatilla stirred up a remainder of the scabies, a history of which is distinctly given. This is rendered more certain when we know that Dr. Hering classified Pulsatilla among the anti-psorics. Every careful prescriber must have noticed its thorough constitutional action, especially in chronic diseases.

I am quite positive that the curative action of Calcarea ost.^{18000} was checked by the new exposure on the afteroon of the second day, else would I credit that remedy with the supposed anti-psoric action, of which all know it to be capable. Another proof, to my mind, of the thorough anti-psoric action of Pulsatilla was the sensorial and mental symptoms noticed at least a week after the dose had been given. These very symptoms are to be found in Hahnemann's list of secondary anti-psoric symptoms. (Hahn. Ch. Ds., pp. 73 and 104.) I have observed the said symptoms in a patient in whom there was a distinct history of inherited psora after repeated doses of Psorinum ^{1000}, and of Sulphur^{85000} (one dose).

My object in dwelling on these matters is to learn whether I am thereby unearthing a musty and useless theory, or only re-stating a truth long ignored by the profession in general. The former horn of the dilemma was taught me in college, but the latter is now rather my own preference. I find nothing in our current literature concerning anti-psorics, and yet, if Hahnemann was correct, their recogition is all-important in the treatment of chronic ailments.

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OBSERVATIONS IN OBSTETRICS.

J. DE WITT HEATH, M.D., SHAWANO, WIS.

About a year ago, I reported in the *U. S. Med. Investigator* a number of peculiar cases occurring in my practice, being remarkable from the fact that there were seven consecutive cases of abnormal labor occurring within the space of four months. Since that time I have met but three cases worthy of special mention. Herewith I present a report of each case in the order of its occurrence:

CASE I.

Mrs. T., aged 26, primipara. Labor began Feb. 9, 1880, about 4 o'clock in the afternoon; I was called the following morning about 7 o'clock. Found the mother of the patient acting midwife. She thought something must be wrong. On making my first examination I discovered a breech presentation in the first position. Under the circumstances I thought best to wait for the result of Nature's efforts; but when I made known the condition, the midwife-mother offered the prognosis that the child could never be born, it must be cut to pieces, etc. After banishing the mother, I waited some two hours. Meanwhile, the patient called loudly on me for help. At last, I endeavored to pass a silk handkerchief over the thigh of the child. Having failed in this, I applied the blunt hook. I noticed that the curve of the hook was not as large as the thigh, and when, on making gentle traction, I felt the hook give slightly, I removed it to apply Comstock's Cephalic Forceps to the presenting breech, over the poles of its transverse diameter, and with a most happy result; by their aid the child was soon delivered. The child, a twelve-pound boy, was only slightly injured by the blunt hook. The mother suffered from catarrhal endometritis, but ultimately recovered nicely.

At the time I used the forceps on the breech, it was a new departure to me in the use of the ordinary cephalic forceps. Subsequently, I was pleased to read the report of several cases from Dr. S. Leavitt, in *The Clinique*, where he had used the forceps in the same manner.

The lesson to be learned from these cases, is nicely summed up by Dr. Leavitt, as follows:

"1. That the forceps may generally be used in breech presenta-

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tions to better advantage than any other instrument, and with less danger than the blunt hook.

"2. As a preliminary to the operation, it is essential that the position be unmistakeably recognized.

"3. The blades, when on, should grasp the fœtal pelvis over the poles of its transverse diameter, as a much better hold is thereby acquired, and dangerous pressure by the points of the instrument is obviated."

CASE II.

Mrs. L., primipara, aged 22. Labor pains began about 4 o'clock, A. M., March 4, 1880. I arrived at 1 P. M. Pains were coming about every ten minutes. On making my first examination, discovered os uteri partly dilated, membranes intact, vertex presenting. Second examination, some time later, revealed the fact that I had to deal with a fourth position. The pains grew stronger and more frequent, but the head did not advance as it should, and, after waiting until 7 P. M. I applied the forceps, and after thirty minutes hard labor on the part of the patient and myself the occiput cleared the perineum, the forceps were removed, and the labor was promptly completed. The mother made a good recovery. The child, a large boy, has always been the picture of health.

In this rare position the forehead often rotates into the hollow of the sacrum, and its diagnosis is often looked upon as the mistake of the accoucheur, but the use of the forceps (pelvic mode) settles the diagnosis, and where rotation does not take place we have no reason to doubt.

CASE III.

Mrs. H., multipara. Was summoned Oct. 20, 1880, to attend Mrs. H. Messenger stated that "Mrs. H. had a child this morning, and she don't get any smaller." Suspecting twins, I started, prepared for any emergency. Arrived to learn that the second child had been born since four hours. And since that time she had been flowing profusely, had fainted several times. "The after-birth does not come, and I can't get it," said the neighbor-woman in attendance. Placing my hand upon the abdomen, I felt a large, irregular tumor reaching above the umbilicus. Suspecting "hour-glass contraction," I placed my left hand upon the abdomen to steady the uterus, and introduced the right into the uterus, the lower segment

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of which I found patulous, but met with a constricted orifice about an inch in diameter near the center of the uterine body. I proceeded to dilate the stricture with my fingers. This was soon accomplished, when I grasped both placentæ successively, and delivered the same. The uterus contracted nicely, and the hæmorrhage ceased. I caused the nurse to place her hand over the fundus of the uterus, and keep it there, pressing firmly for some twenty minutes after the delivery was completed. The patient was then removed from her couch to a clean bed, and one of the babes applied to the breast to secure tonic contraction of the uterus. The subsequent treatment of the case consisted in the use of nourishing food, good nursing, and, as a medicine, China. She made a rapid recovery, considering the amount of hæmorrhage, for in less than five weeks she was about the house, attending to her duties.

CLINICAL LECTURE ON CATARACT EXTRACTION.

PROF. J. H. BUFFUM, M.D.

Delivered in the Spring Course of the Chicago Homœpathic College.

This case, a man over sixty years of age, you will remember as one on whom I performed a preliminary iridectomy about a month ago; he now returns for the purpose of having the cataracts extracted. It is not necessary, as you already know, that two operations should be made for the extraction of a cataractous lens, and in some cases, and with some operations, it is not necessary to remove even a portion of the iris prior to, or at the time of, the cataract extraction. The appearance of the eye is much better when a circular pupil remains after the removal of the lens, yet the chances of success, as far as the vision of the patient is concerned, are much enhanced by a previous abscision of a portion of the iris. In the removal of the lens without an iridectomy, there is great danger of bruising the delicate structure of the iris by the passage of the lens over it during delivery, or prolapse of the iris in the wound, which would interfere with the proper closure of it. In either event, the extraction becomes complicated and the danger of traumatic iritis is great, and often leads to loss of vision and atrophy of the eyeball.

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Having decided upon associating the iridectomy with the extraction of the lens, the question arises as to whether the iridectomy shall precede the extraction, or form part of the same operation. It is conceded by the best oculists that when it is practicable it is better to separate the two operations. Whenever it is possible, I much prefer to make a preliminary iridectomy from a month to six weeks before the operation for the extraction of the lens, the eyeball having in the meantime fully recovered from the effect of the previous operation. A few weeks are generally sufficient to cause the subsidence of all symptoms of irritation, the seat of the incision of the cornea closes up, and then you may perform the cataract operation with more certainty of success, and with more comfort to your patient.

As a rule, it is not necessary to give an anæsthetic for the performance of the iridectomy, but from the behavior of your patient during this operation, you are able to determine the necessity of anæsthesia during the extraction. Again, there are points to be gained by making a preliminary iridectomy. You are able to judge of the condition of the cornea and thus decide upon the proper incision for the individual case, of the irritability of the eye from operations, the ability of the patient to bear the confinement necessary after an operation, and finally of his tendency to that low grade of conjunctivitis which frequently retards recovery in this class of patients.

If, on the other hand, the iridectomy is made at the time of the extraction, we have the large fresh wound of the iris corresponding to the line of the incision in the cornea, and in this the amount of injury to the eyeball is much increased, and the dangers from traumatism correpondingly greater. Moreover, the hæmorrhage from the cut iris is oftentimes very annoying, and not infrequently com plicates the operation by obscuring the lens to such an extent as to severely impede the operation. Again, during the process of removing the lens, the cut edges of the iris are more liable to be bruised and we are apt to have a local, if not general, inflammation of iris, which will cause adhesion to the lens capsule, or inflammation and consequent opacity of the capsule itself.

These, then, are some of the advantages to be gained by separating the two operations. The objection against this method of procedure is the fact that patients coming from a distance must either remain over the interim separating the operations, or return again for the

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second one. This is quite an obstacle to some patients, and where it cannot be overcome by the statement that the prospects of vision are much better from the division of the operation, it will be necesssary to combine them.

In the case before you, you will notice that a small portion of the iris has been removed from the upper segment of each iris, and as the upper lid is dropped to its normal position, the opening is partly covered by it, so that the deformity is very much lessened. You also notice that peculiar appearance of the pupil, which tells you of the existence of cataract. This patient feels very nervous about the operation, although he stood the previous operations very well, and desires that we give him an anæsthetic. The use of anæsthesia, in these cases, is only contra-indicated by the struggling and its attendant congestion of the head, vomiting, either during the operation or after. Yet I am inclined to think that ill-results from such causes are rather rare, if the extraction has been properly performed, and the eye well bandaged afterward. Now, as regards the choice of the operation, you have already seen me operate by what is known as Van Græfe's modified linear incision, which is the simplest of operations for extraction, the lens being very easily delivered if the incision is of proper extent, the danger being mostly from loss of vitreous. In this case I shall make the incision which has been devised by Liebrich, which consists of an incision in the lower portion of the cornea, and extending across from the points of puncture and counter-puncture, which are placed about half a line or less in the sclera. The whole of the incision thus passes with a very slight curve through the cornea, so that the center of it is about two lines within the margin of the cornea. In this case I shall make the incision in the upper part of the cornea, instead of the lower, as the coloboma of the iris is in that direction.

The instruments required for this operation are very few, the knife being somewhat broader than the ordinary Von Græfe knife, a cystotome or pricker for opening the capsule, and a hard rubber spoon to depress the edges of the incision to facilitate the escape of the lens. When the incision is made in the lower portion of the cornea it is not necessary to use a speculum to hold the lids apart; however, where the incision is made in the upper portion, and as in this case

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the eyes are deeply set in the orbits, it becomes necessary to have the lids held by a speculum.

Having introduced the speculum, and the patient fully under the influence of the Ether, you notice that the eyeball is rolled upward so that it is necessary to seize the conjunctiva over the insertion of the inferior rectus, and holding the eye in its normal position, I enter the cataract knife on the outer side of the cornea, the plane of the blade making, with that of the horizontal meridian of the eye, an angle of forty-five degrees. Entering the sclera at this point, I pass the knife through the anterior chamber without changing the direction of the knife, and you see the point reappearing in the sclera of the opposite side, about half a line from the margin of the cornea. The incision is completed by pushing the knife forward.

The next stage of the operation is the opening and removal of a portion of the anterior capsule to allow the lens to escape from its envelope. To do this, I pass the cystotom or pricker, which has been bent at an angle, so that it is more easily manipulated, very gently through the incision and over the surface of the lens to the lower margin of the pupil, turning now the point down upon the capsule, the latter is torn along the inner margin of the pupil and the instrument is withdrawn on reaching the upper part; reintroducing it in the opposite direction, the capsule is cut or torn along the outer margin. Thus a more or less circular portion of the anterior capsule is removed, lessening the danger of opacity of the capsule, which may interfere much with the vision of the patient, and is frequently termed secondary cataract.

We will now remove the speculum, as the balance of the operation is better conducted by my assistant holding the lids apart. We have now to deliver the lens, and to do that it is necessary to rotate the lens somewhat, so that it may present at the incision. To do this, you notice I make sliding pressure upon the eyeball just below the cornea with the hard rubber scoop, and at the same time depress the upper lip of the wound with a similar instrument. You will notice that the lens is tilted upward and forward, and as it pushes aside the iris, we find some soft cortical substance presenting in the incision and, following it, the hardened nucleus of the lens. Allowing the cataract to slowly pass through, we thus enable the soft cortex to exude at the same time. The cataract has now been removed

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and after I raise it from the eyeball upon this spoon, you will notice that the pupil now presents a normal black appearance. At the upper part, however, where the iris has been removed, you will notice a little grayish matter, some of the cortex which has been left behind. Dropping the lids, we shall wait a few minutes until the anterior chamber has refilled with aqueous. Particles of cortical substance which may be left after the balance of the lens has been extracted, are apt to swell from imbibition of the aqueous humor, and, lodging between the capsule and iris, or between the cornea and iris, act as an irritant, unless absorbed, and cause an iritis or capsulitis which may endanger the patient's vision.

Raising the lid, I find sufficient fluid in the anterior chamber to carry out the remainder of the cataract as the wound is opened, slight pressure being made at the same time upon the eyeball. Thus the last particles are removed, and, removing the pressure, the wound closes perfectly.

Nothing now remains but to bandage the eye carefully and remove the patient to his bed in a darkened room and allow him to sleep off the effects of the Ether. In applying the bandage, which covers both eyes, I take first some small pieces of soft linen, which has been wet by a solution of Boracic acid, and lay one over each eye with borated cotton, so that the cotton does not press upon the eyeball, but simply upon the closed lids, preventing their movement. This is now covered by two turns of a flannel head-bandage. The bandage will be removed once each day, but the eye not opened, as we must have perfect rest of the eye to obtain union of the wound in the cornea, which generaly occurs within forty-eight or seventy-two hours. During this time, the patient is kept perfectly quiet in bed. If there is no pain, swelling of the lids or discharge within the first three or four days, the wound will have closed, and the danger then is from iritis during the following four or five days. To avert any inflammation of the iris, a drop of four-grain solution of Atropia is put into the eye at each dressing, and, if all goes well, the patient may be allowed to get out of bed in a week or ten days, light being gradually admitted to the shaded eyes, and in a few days more allowed to leave his room. In about a month after the operation, he is ready to be fitted with cataract glasses.

NOTE.—The patient made an excellent recovery, being permitted

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to leave his bed in six days and allowed to accustom his eyes to the light after ten days. He returned home within two weeks after the operation, having vision which enabled him to read No. 6 type, Snellen.

THE LIBRARY

CATARRHAL DISEASES OF THE NASAL AND RESPIRATORY ORGANS. By G. N. BRIGHAM, M.D. New York: A. L. Chatterton Publishing Co., 1881.

The above little volume resembles, in its general plans, Bell on Diarrhœa and Allen on Intermittent Fever. It is divided into three parts, the first of which treats on the etiology and pathology of catarrh, the other two divisions are devoted to therapeutics. As is quite fashionable with certain writers of our school, Dr. Brigham devotes but little space to the pathology of this most troublesome affection; this habit of slighting a very important branch of the subject is inexcusable, and makes a mere therapeutical index of what otherwise might have been, and what certainly should have been, a complete monograph. The therapeutical indications as furnished in parts II and III, are clear, full and valuable, and clinical cases are freely introduced to illustrate the action of individual drugs. The moderate price of the volume ($1.00) puts it within the reach of all, and it will undoubtedly have a large sale.

A GUIDE TO THE CLINICAL EXAMINATION OF PATIENTS AND THE DIAGNOSIS OF DISEASE. By Richard Hagen, M.D., Bœricke & Tafel: New York and Philadelphia.

"The contents of this work are intended for the use of students of medicine before attending clinics, in order to obtain an idea of their conduct at the bedside and the manipulations, secundum artem, required there; and also the principal phenomena by which the presence of a given disease is established." (Author's preface.)

It can be seen at a glance that the author has undertaken no easy task, and that it requires excellent judgment to select that especial information which will fit the student for a ready reception of clinical advantages, and to clothe this information in language concise, clear and readily understood. To a very large extent, the author has succeeded; he covers a broad field of study, gives a great many facts carefully arranged and in a manner well calculated to create a desire for more and explicit information on the subjects considered. Occasionally, however, his manner surprises us. To the examination of the chest, for instances, including, of course, the lungs and heart, a study of physiological and pathological sounds as obtained by percussion and auscultation, only seventeen pages are devoted, while thirty pages are taken up by a chapter on the examination of the urine. Dr. Guttmann, in a recent similar work, somewhat larger than the one before us, devotes seventy-six pages to percussion and auscultation alone, while his remarks on the examination of urine are limited to nineteen pages.

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The necessity also of saying a little on a great many different subjects has its legitimate effects in a peculiar incompleteness of matter, especially perceptible in the chapter on Special Clinical Examinations. Of *Measles*, for instance, we have the following description: "Prodromal stage: feeling of indisposition from one to three days, beginning with shivering, rarely with a regular chill; fever immoderately high; catarrh of the conjunctiva, of the nose, and of the respiratory tract; Its characteristic eruption is made up of red, elevated spots, of the size of a lentil, which are occasionally aggravated, and form figures of irregular shape. It begins in the face, around the mouth and the eyes, and rapidly spreads over the whole body. The above-mentioned catarrh is present in addition. In severe cases, slight exudations of blood occur into the measle spots, which gives to the exanthem a darker color. The exanthem heals by a bran-like exudation." As a matter of couse, these conditions are quite sure to exist in measles, but we can hardly admit the above description of measles to be sufficiently graphic to enable the student to recognize the disease from it alone; and, certainly, the description of the "characteristic" eruption is absolutely without any merit whatever.

In spite of the defects pointed out the work possesses much merit, and the publishers and the translator deserve the thanks of the profession for putting within the reach of our students a cheap, concise, and, in the main, excellent little work on the diagnosis of disease.

THE PREVENTION OF CONGENITAL MALFORMATIONS, ETC., BY THE MEDICINAL AND NUTRITIONAL TREATMENT OF THE MOTHER DURING PREGNANCY. By J. C. BURNETT, M.D., London. Edited with notes from Granvogl, by T. C. DUNCAN, M.D. Chicago: Duncan Brothers, 1881.

The title of this little brochure indicates fully the nature of its contents, which consists in a reprint of Dr. Burnett's Address On the Prevention of Hare-lip, Cleft-Palate, etc., by the Treatment of the Mother During Pregnancy, read before the British Homœopathic Congress, some time ago, and Dr. Duncan's extracts from Granvogl, who, by the administration of Calcar., Phos. and Argent. nitr., or Sulphur, prevented —or had good reason to think that he had prevented—the development of hydrocephalus in the children of parents whose offspring had shown a marked tendency to this disease. The subject is one of absorbing interest and must, of necessity, command the close attention of the profession. Physicians who have not seen the article referred to, should not fail to send for a copy of this pamphlet.

SPECTACLES, AND HOW TO CHOOSE THEM. An Elementary Monograph. By C. H. VILAS, A.M., M.D. Chicago: Duncan Bros., 1881.

"The aim of this little work is so plain as scarcely to need an explanation. It is the intention to make clear, by an agreeable compound of medical and common terms, the uses and modes of fitting spectacles. Such intercurrent facts only as may serve to elucidate these subjects will be incorporated. The medical treatment, often so essentially accompanying the correction of diseases due to the anomalies of refraction and accommodation, forms no part of the scope of the work." (From the author's preface.)

This book is written in a very agreeable, chatty style, and deals with a rather dry subject in a manner which makes the volume very pleasant reading. It contains

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much that physicians should understand, so they may advise wisely, and, if necessary, protect their clients against the impositions put upon them by unqualified and pretentious dealers in eye-glasses. The paper is excellent, the type clear, the volume is profusely illustrated, and the price only one dollar.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

The thirty-fourth session of this great national medical organization will be held at Brighton Beach, near the city of New York, June 14 to 18 inclusive.

Of the attractions of this now popular sea-side resort it would be superfluous to speak. It is only necessary to say, that by the effort of President Dowling and Treasurer Kellogg, arrangements have been made with James Breslin, Esq., propietor of Hotel Brighton, to entertain the members of the Institute and their friends who may attend the meeting in princely style and at reduced rates. The hotel is said to be one of the grandest in the world. To the pleasure seeker and sight-seer alone, the beauties of Brighton Beach will alone repay the tourist a trip across the continent, not to mention the attractions of New York City, its parks, Egyptian obelisk, Hell-gate channel, elevated railroads, Brooklyn bridge, etc.

From present indications, the approaching meeting will be one of the largest and most important ever held by the Institute. We are promised full and carefully prepared papers and reports from the various bureaus and committees; while the new feature of holding sectional meetings will afford opportunity for a full discussion of the subjects presented. These discussions will be reported *verbatim*, by expert short-hand writers, and will appear in full in the Transactions as an appendix to the papers in each bureau, these adding largely to the practical value of the work.

Since the last meeting of the Institute, (June, 1880,) the committee on publication has printed (including two volumes of 1876) over *three thousand five hundred* octavo pages, or four volumes averaging about *eight hundred and seventy-five pages each*; the matter methodically arranged, neatly printed, carefully indexed, and *three* volumes substantially bound in cloth and delivered to members *not in arrears* to the treasurer, without individual expense.

The Institute has a record of which not only the members, but the profession as a whole, may well be proud. Its membership is composed of many of the most influential and progressive physicians of our school, while its papers and discussions compare favorably with those of any other medical society in the world.

It must be apparent to any one conversant with the history of

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homœopathy in this country, that the concentration of medical thought, and the scientific investigation of therapeutic agents, as expressed by the Institute, are such as to exercise an influence that it would be impossible to exert without associated action.

In conclusion, we most earnestly appeal to every eligible homœopath in the United States to join in earnest practical work in the interests of medical science by becoming a member of the Institute at its approaching session. While it is desirable, it is not obligatory upon you to attend the meetings; and, should either circumstances or choice prevent you from mingling with our deliberations in person, you may still become a member of the Institute, and in return receive the Transactions, which will yield you *two-fold* the value of your pecuniary investment.

J. C. Burgher, General Secretary.

WESTERN ACADEMY OF HOMŒOPATHY.

The seventh annual, and eighth regular session of the Western Academy, will be held in Chicago, June 8th, 9th, and 10th, at the Palmer house.

The headquarters of the president and secretary will be at the Palmer house. This hotel, so well known throughout the country for its elegance in every particular, will discount fifty cents per day from its regular tariff, to the members of the Academy, which will make the rates from $2.50 per day and upward, according to the location of the room.

It is impossible to procure special rates on the railroads to Chicago, owing to combinations on their part, but excursion tickets, at reduced prices, for round trip can be obtained at any railroad office.

The members of the Academy and their wives, will be tendered a reception and banquet, at the Palmer House, Thursday, June 9th, at eight o'clock, P. M. There will be toasts, responses and a merry time. T. C. Duncan, M.D., chairman of the committee or arrangements will answer all questions as to hotel accomodations, etc.

Blank applications for membership can be obtained by addressing James A. Campbell, M.D., chairman of the board of censors, 1731 Morgan street, St. Louis, Mo. Applications must be signed by two members of the Academy and accompanied by the entrance fee of $3.00. Annual dues, $3.00.

Papers on any medical subject may be sent to the chairman of the proper bureau. Papers from physicians not members will be welcome.

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Make every effort to be present or contribute a paper. This will be a large and successful session.

Communications will be answered by the general secretary,

C. H. Goodman, M.D., 2619 Pine street, St. Louis, Mo.

MEDICAL MEMORANDA

EDITOR'S TABLE.

Since the issue of the April number of the COUNSELOR, we have received many additional communications concerning the continuation of the translation of Hahnemann's Materta Medica Pura in connection with this journal. Our correspondents continue to express themselves with a surprising degree unanimity, and often in very emphatic terms, in favor of our going on with the work. In addition to names published last month, the following gentlemen were in favor of *discontinuing* the translation: Dr. G. W. Sherbino, of Pennsylvania; H. Learned, of New York; C. F. Kuechler, of Missouri; Benj. and A. H. Ehrman, of Ohio; O. J. Travers, of Massachusetts. Having heard from 217 subscribers, and only 12 of that number desiring the discontinuance of the translation, we feel confident that *all* will accept cheerfully the result of the test made. To the subscribers who are in so decided a minority, we hereby promise to make every effort to give them, in the body of the COUNSELOR, as large an amount of excellent reading matter as it is possible for us to furnish, trusting that they will aid us by the use of their pen as they have obliged us by the frank expression of their wishes.

Wanted.—A capable homœopathic physician with $5,000. For particulars, address Dr. Train, Spencer, Iowa.

Wanted.—Hull's Jahr Spmptomen Codex (2 vols.), by Hempel, also the Repertory. Physicians having any one or two, or all of the volumes for sale, please address W. A. Chatterton, stating condition and price.

An attractive feature of the meeting of the Western Academy, June 8, 9 and 10, will be the laying of the corner-stone of the Chicago Homœopathic College. Mayor Harrison and the city and county officials are expected to participate in the ceremony.

Dr. G. G. Chittenden, of Janesville, Wis., has been appointed by Gov. Smith as Surgeon of the first Battalion, Wisconsin State Militia. He received his commission April 16, and is now prepared to enter upon his work whenever duty calls him. The rank is the same as that of first lieutenant. The choice is an excellent one, and we congratulate our young friend in being selected from so large a number of physicians within the precincts of the battalion, to this important position. Dr. C. is a good physician, and will prove a valuable acquisition to the ranks.—*Janesville Recorder.*

Dr. M. R. Jamison has located at Akron, O.

Dr. Charles E. Pinkham has located at Sacramento, Cal.

Dr. E. Z. Hoover has removed from Warsaw to Middlebury, Ind.

Dr. C. D. Woodruff has removid from Lima, N. Y., to Allegan, Mich.

Dr. J. I. Grove has removed from Thornton to Shannondale, Ind., succeding to the practice of Dr. J. A. Utter, who has located at Terre Haute.

Dr. E. B. Rankin has removed from Winnetka, Ill., to San Antonio, Texas. Dr. Rankin states "there is a fine field for homœopathy here."

Dr. S. Owens has removed from Rensselear, Ind., to Kansas, Ill. Dr. O. states that "Renssalear is a fine opening for a married homœopath."

Dr. W. H. Winslow, of Pittsburgh, Pa., has nearly finished a complete work upon diseases of the ear, which will be finely illustrated and published in good style.

Dr. H. B. Fellows has removed his office to his residence, 2969 Indiana avenue. Office hours, 8 to 10 A. M. and 2 to 4 P. M. Communication by A. D. Telephone.

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THE

MEDICAL COUNSELOR

A MONTHLY JOURNAL DEVOTED TO THE BEST INTERESTS OF HOMŒOPATHY.

"Amicus Plato, amicus Socrates, sed magis amica veritas."

H. R. ARNDT, M.D.,
EDITOR.

The editor does not hold himself responsible for opinions expressed by contributors. Articles for publication, books for review and exchanges must be addressed to Dr. H. R. Arndt, No. 62 Monroe street, Grand Rapids, Mich. Subscriptions, advertisements, etc., must be addressed to W. A. Chatterton, Nos. 83 and 85 Fifth Avenue, Chicago, Ill.

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EDITORIAL.

SEVERAL months ago we stated, in an editorial, our heartfelt regret that bad leadership, fostering extremism and exclusivism, had done homœopathy an immense amount of harm, and, incidentally, we expressed the conviction that the formation of the International Hahnemannian Association had been prompted not so much by a desire to benefit the school at large as by a purpose to widen, still further, the breach already existing between the two wings of the school.

Our conviction was expressed with the greatest of moderation and after a careful study of the situation. After the publication of our editorial we received letters from one or two parties accusing us of being prejudiced against those colleagues who had formed the organization referred to, and demanding of us a withdrawal of the statement made by us. One gentleman especially whose sincerity we cannot question, whose information is usually accurate and whose respect we desire to hold in the future as we have held it in the past, has been very urgent in demands to this effect. We offered this correspondent* sufficient space to show the injustice of our editorial remarks; lack of time prevented the acceptance of our offer, and we have not, at present, the pleasure of laying before our readers a communication for which we have been looking with some eagerness.

We hold that a journalist should be absolutely just to all, friend and foe alike; and no matter of what shortcomings we may have been guilty, what sins of omission and of commission may be charged against us, we are prepared to assert that we, as editor of a medical journal, have done our duty by the profession in exercising fair-

*Dr. T. F. Pomeroy, of Jersey City, N. J.

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ness, independence and justice in our dealings with all. We would not willingly submit to a charge of unfairness, even though preferred by a friend in a private communication, and are forced, as a matter of justice to ourselves and for the sake of bringing out the truth, to reiterate the language which has so distressed an estimable colleague and correspondent.

Our remarks in the editorial of October, 1880, were the result of our acquaintance with the views and with the labors of those men who were most active in bringing about the organization of the International Hahnemannian Association. We felt quite sure that the largest share of the responsibility rested with Dr. Ad. Lippe, of Philadelphia, and with Dr. Berridge, of England. The former gentleman has shown through his long, laborious and successful life a decided tendency in such a direction; and Dr. Berridge seems to have found a large measure of his happiness in making himself believe that a wise Providence had recognized in him marked fitness for leadership, a belief, by the way, not generally shared by the profession of which the Doctor fancies himself one of the most brilliant lights. But the English champion of transcendentalism is too young and impulsive a man not to lack that measure of discretion which, in a leader, is absolutely indispensable. Were Dr. Berridge less indiscreet it might be slightly more difficult for us to prove that our reasoning concerning the inner workings of the International Hahnemannian Association were quite correct.

The *Homœopathic World* (November, 1880,) contains an article by E. W. Berridge, M.D., headed, "Reminiscences of the late Constantine Hering, M.D." This communication is of especial interest by virtue of its happy, off-hand way of showing that Dr. Hering shared the author's excellent opinion of himself as evinced by such statements as: "I" (Berridge) "was the only man who understood him," and by Dr. Hering's indorsing Dr. B.'s review of vol. ii. of "Guiding Symptoms" before the reviewer had seen the volume in question.

In the course of this very readable and interesting communication (interesting in so far as it pertains to Dr. Hering,) the venerable Berridge delivers himself of this very pointed and truly frank statement: "The point on which we disagreed was the propriety of the true followers of Hahnemann separating themselves by a distinct organization from the pretenders, the see-the-case-at-a-glance doctors. Now Hering has always opposed all such separation, and desired all professed homœopaths to remain in union. *I, on the other hand, have for years advocated a clean separation from those who will not learn*, [from Dr. Berridge?—ED.] *and from those who deliberately reject Hahnemann's practical rules.* Of this opinion I am still, and the International Hahnemannian Association, *at which I have been laboring for years, and which at last the true Hahnemannians established this year at Milwaukee, will prove the thin edge of the wedge. After such separation, homœopathy will triumph; the half-and-half men will then have to take their choice, and either set to work and study* [what child-like modesty on part of Dr. Berridge!—ED.] *and make themselves eligible for association with us, or they will quietly, and without loss to anybody but themselves, be absorbed in the main body of the profession as some even now desire.*"*

The above from Dr. Berridge proves, 1st, That we were quite correct in considering him one of the prime movers in the formation of the International Hahnemannian

* The italics are ours.

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Association. 2d, That the point in view, so far at least as Dr. Berridge is concerned, was the bringing about of a division in our ranks. 3d, That Dr. Berridge feels confident of the eventual success of his pet scheme, and looks upon the association as the thin edge of the wedge which is to break up that great school which men like Hahnemann, Gross, Hering, Mueller, Hempel, and many others, gave a life-time to build up.

Since Father Hering went home to his reward many an eloquent tribute has been paid to his memory. The grandest tribute, however, to the memory of this glorious old man is contained in Dr. Berridge's statement of the reason why Hering refused to join "our new Hahnemannian association." "I will do it, if a clause is inserted to the effect that your sole object is to help those who stand half way." It seems almost strange that Dr. Berridge should have been led to record, unhesitatingly, unblushingly, in one sentence the eternal glory of Father Hering and the proof of his own utter disloyalty.

We assert then once more our firm conviction that the International Hahnemannian Association was conceived in utter disloyalty to the common cause and interests of homœopathy, and that its purpose, as conceived by a Berridge, is absolutely bad. We are bound to add, in all sincerity, that the gentlemen who must bear and who ever will bear the odium of this act, were cunning enough to hide, under the old, plausible plea for purity in practice, their real object from all save a few trustworthy friends; the majority of members of "our" new Hahnemannian association were undoubtedly ignorant of Dr. Berridge's treacherous designs.

But what are these gentlemen going to do about it? If they retain their membership they, by virtue of this membership, indorse Dr. Berridge's views, and they must be classed as sympathizers with Dr. Berridge. They must either sever connections with the International Hahnemannian Association, or the International Hahnemannian Association, to give proof of its loyalty to the school at large, must withdraw from association with Dr. Berridge. If the re-election of Dr. Berridge to the corresponding secretaryship [held at the recent meeting of the Internationals at Brighton Beach,] means anything at all, it must be taken as a positive indorsement of the views advocated by him.

Practically, we care little whether the International Hahnemannian Association live or die. Its career will not be fraught with an abundance of success. Its constituent elements lack harmony; its work will show this to a painful degree. At the late meeting of the association, to which reference has already been made, one gentleman introduced a resolution that members in the habit of practicing or teaching the alternation of remedies should be expelled; it is stated, upon good authority, that another member declared his purpose to use remedies in alternation whenever he felt inclined to do so, and that the original motion was overruled by a decided majority. Since the association is pledged to follow unswervingly, the teachings of Hahnemann, this deliberate action on part of the majority of its members is most surprising. Those of its members who really mean well by the school at large will soon discover that their place is elsewhere and that their influence must make itself felt through the common channels of professional intercourse; they will, we trust, soon weary of the sickening, hollow pretenses which, in many instances, are only a cloak under which is hidden a personal ambition which cannot be realized by fair, square work. And should a few of its most persevering members come to be fully

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convinced that it is their duty to separate themselves from the great body of the school, then, indeed, we shall have the consolation of knowing that they have dug their own graves, or, at least, that they shall certainly reap a bitter harvest from the seeds of discord they have sown with so much perseverance and have cultivated with such assiduity.

DIABETES MELLITUS.

J. D. CRAIG, M.D., DETROIT, MICH.

Read before the College of Physicians and Surgeons of Michigan, at Detroit.

II.

As far as is now known, the liver is the only organ in the body where glycogen is formed, if we except the placenta. In the early months of pregnancy it is found in the cells of the placenta, but it decreases as the liver becomes developed until it finally disappears as the period of delivery approaches.

The amount of glycogen manufactured by the liver, and present in the circulation, is not at all times alike, but is largely modified by the food, even in the healthy subject. When the diet consists of an excess of sugar or amylaceous matter, the production of glycogen is so great as to exceed the wants of the system, and the surplus is removed by the kidneys, so that the presence of sugar in the urine will not alone prove the existence of diabetes.

Although glycogen resembles starch in its properties and reactions, they are not identical, as is seen by the fact that starch is not taken into the blood, but is changed into glucose before being absorbed, and also by the further fact that glycogen gives a dark violet color with iodine, and not blue as in the case of starch; nevertheless, glycogen becomes abundant in the liver when starch, sugar and other hydrocarbons are consumed as food, and decreases in quantity when the food is albuminous, but it does not entirely disappear. Whether it is produced from albuminoid bodies is not definitely known. Bernard and others always found it in the liver and hepatic veins of animals that had been fed exclusively on meat, but this by no means proves its productions from albuminoids, because meat always contains more or less sugar, and the glycerine of the fat is one of the glycogen makers.

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It has been found that when the functions of the liver are carried on more briskly than normal that the amount of glycogen is increased to an unusual degree, and correspondingly decreased as the action of the liver becomes sluggish.

Of all the experiments in the direction of producing sugar, none have been so remarkable as the so-called sugar puncture of Bernard. He found that when the floor of the fourth ventricle of the brain was irritated with the point of a needle introduced through the skull, it usually produced sugar in the urine within a short time. This experiment has been verified hundreds of times, and always with the same results; and, as others have extended his experiments to other parts of the nervous system, I will review the anatomy of the parts involved in as brief a manner as possible.

The medulla oblongata is the upper enlarged portion of the spinal column. It rests on the basilar portion of the occipital bone, and mainly through the pneumogastric nerve presides over the function of respiration. Like the rest of the spinal cord it is divided into two lateral halves which are connected by a commissure at its center, so that there are two fissures running lengthwise of it, called the anterior and posterior longitudinal fissures. Each of these halves is subdivided into three parts, but the division is not as well marked, nor are the fissures very deep. They have the appearance of columns placed in juxtaposition and are called the pyramidal, restiform and olivary bodies, from their shape. The pyramidal bodies are the anterior columns and rest directly on the basilar process, being separated from each other by the anterior longitudinal fissure. The olivary bodies are the middle columns, and the restiform bodies the posterior columns. The latter are the largest of the three, constituting fully one-half of each division of the medulla. They are divided from each other by the posterior longitudinal fissure, and their fibres are reflected backward into the cerebellum, forming its inferior peduncles.

In front of the medulla, and resting on the base of the skull, is a broad band of white fibres which form a bridge under and over the forward part of the medulla. Its fibres contract on each side into thick, rounded cords which pass backward into the cerebellum, forming the crus cerebelli. This is the pons varolii, and on its upper and posterior surface are two bodies, the corpora quadregemina, the

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posterior part of which is called the testis, and forms part of the floor of the fourth ventricle. The pons varolii is the commissure of the cerebellum, and associates the two lateral lobes in their common function.

The fibres of the pyramidal and olivary bodies pass through the pons where they diverge and pass into the cerebellum under the name of the cruscerebri, between which are two oblong, square-shaped bodies called the thalami optici.

The fourth ventricle, which interests us particularly, is formed by the reflection backward of the fibres of the restiform bodies and the pons varolii. It is a lozenge-shaped cavity, bounded in front by the lateral fibres of the pons, and on the sides by the restiform bodies and two thick cords which pass through the cerebellum and corpora quadrigemina called the processes e cerebelli ad testes. The roof is formed by the cerebellum and a thin lamella of medullary substance stretched between the processes e cerebelli ad testes, and the floor is formed by the upper part of the restiform bodies, which, on the edge of the longitudinal fissure, is slightly rounded, and also by part of pons varolii. On each side of the fourth ventricle, and between the restiform and olivary bodies, arises the pneumogastric nerve, or par vagum. The fibres of its origin penetrate the walls and are to be traced on the floor of the ventricle. Immediately in front of this nerve is the origin of the glosso-pharyngeal nerve. The pneumogastric nerve passes out of the skull through the jugular foramen, descends the neck within the sheath of the carotid vessels, is distributed, as its name implies, to the lungs and stomach mainly, and terminates in the solar plexus.

The cerebellum, like the cerebrum and spinal cord, is divided into two lateral halves, connected by a commissure. The upper border of this commissure is the superior vermiform process, and that beneath the inferior vermiform process. The cerebellum is joined to the cerebrum and spinal cord by three pairs of rounded cords, which I will repeat. The lower cords are continuous with the restiform bodies; the middle, which are called the crus cerebelli, meet around the medulla oblongata and form the pons varolii, and the upper cords are the processes e cerebelli ad testes, and terminate in the corpora quadrigemina.

The great sympathetic nerve extends along each side of the spinal

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column on its anterior surface, from the head to the coccyx, and consists of a series of ganglia. It communicates with all the other nerves of the body, and distributes branches of nerves to all the internal organs and viscera.

Five of the ganglia of this nerve are in the head, three in the neck and twelve in the dorsal region. There are other ganglia in the abdomen and sacral region, but as they have no special relation to this subject, we will pass them by.

The ganglia of the neck are the superior, middle and inferior cervical ganglia. The inferior is the largest and sends out a number or nerves, one of which follows the vertebral artery, and constitutes the vertebral plexus. Those in the dorsal region are called the thoracic ganglia, the two superior and inferior being the largest. From the sixth dorsal ganglion there arises the great splanchnic nerve, which is augmented in size by branches from the seventh, eighth, ninth and tenth ganglia in its descent. It passes down in front of the vertebral column, within the mediastinum, pierces the diaphragm and terminates in the solar plexus.

The solar plexus is formed by the termination of the great and part of the lesser splanchnic nerves, the right pneumogastric, and some branches from the right phrenic nerves, and sends numerous filaments which, under the name of plexuses, accompany all the branches given off by the abdominal aorta.

Brown-Sequard's discovery of the vaso-motor system renders it probable that by means of the intimate connection between the cerebro-spinal nerves and the great sympathetic, the latter controls the circulation of the abdominal organs by branches which are distributed to the muscular walls of their blood vessels. That variations in the circulation may be and are produced we see in the phenomena of pallor and blushing, as well as in the action of the erectile tissues. This is done by regulating the calibre of the blood vessels, and in consequence the quantity of blood sent to different parts. The necessity of this is apparent when we consider that the action of most of the glands is periodical, and it is more than likely that all organs and tisssues need more blood at one time than another. We see that when muscles or brain are called upon for extra labor, an increase of circulation of the blood of those tissues takes place, as is quite apparent by the increased heat as well as the feeling of fulness,

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and special functions certainly need a variation of the circulation in the organs performing them, independent of the action of the heart.

By bearing this in mind, as well as what was formerly stated, that an increase in the production of glycogen was produced by an increase of the circulation of the liver, we will be ready to understand why irritation of the nerve centers, described in the following experiments, produced sugar in the urine.

Bernard's so-called sugar puncture is produced by introducing a stilleto through the skull and commissure of the cerebellum, and puncturing the floor of the fourth ventricle just above the origin of the pneumogastric nerve, and he supposed that the diabetes produced by this operation depended upon irritation of that nerve; but it was found that when this nerve was divided and the lower end galvanized, there was no effect; whereas, galvanization of the upper section was always followed by sugar in the urine. It was found that when the great splanchnic nerve was severed, that the function of the fourth ventricle was inoperative. Schiff observed sugar in the urine on section of the thalami optici and the great crura cerebri, and on destruction of the pons varolii and the middle and posterior crura cerebelli; and under favorable circumstances he was able to produce sugar in the urine, lasting a week, by complete division of the spinal cord at the bend of the second dorsal vertebra.

Pavy saw the urine become saccharine within an hour after section of the medulla oblongata, artificial respiration being kept up. Section of the crura cerebri, of the spinal cord between the second and third cervical vertebra, he found ineffective. Experiments on the sympathetic system showed that injury of the vertebral plexus, or destruction of its upper ganglion, as well as division of the nerve filaments, which ascend from the upper thoracic ganglion to the cervical canal on either side of the neck, was seen to render the urine highly saccharine, but that section of the last named fibres on one side alone, as well as injury of the thoracic portion of the sympathic below the uppermost ganglion, was feeble or uncertain in its effects. Eckhardt was unable to produce mellituria by destruction of the upper cervical ganglion, but did produce that condition in a marked degree by destruction of the lowermost cervical ganglion, and a scanty excretion of sugar by destruction of the first and second thoracic ganglion, and often by section of the last cervical or first thoracic

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nerve. He also found that in rabbits injuries of the posterior lobe of the vermiform process of the cerebellum were followed by hydruria and mellituria. He confirmed Bernard's statement in regard to division of the splanchnic nerves. After this was done, all those injuries of nerve centers which caused excretion of sugar were ineffectual. Schiff also produced mellituria in rabbits by thrusting long needles through the skin into the liver, and moving them about in its substance, or directing a galvanic current through them, thus producing a hyperæmia. It is a significant fact, too, that in this disease the most frequent post-mortem appearances are changes in the brain in the parts we have mentioned, most frequently in the medulla or the nerve centers in its immediate neighborhood. The sympathetic system would no doubt be often found changed, if they were sought for carefully. Duncan found the sympathetics in the abdomen from three to four times larger than natural, and Percy found the semi-lunar ganglion, which is part of the solar plexus and the splanchnic, and vagi nerves thickened and of cartilagenous hardness. In one case, Klebs and Munk were able to make out changes in the cœliac plexus, and destruction of a number of ganglion cells, and so also did Ledunoff, who found sclerosis and atrophy of those cells, as well as the same condition of cells in the lower ganglion of the trunk of the vagus, and H. Henrat once found a tumor of the right vagus at the bend of the trunk. The experiments of Bernard would lead us to suppose that injuries of the vagus produced diabetes through irritation of the fourth ventricle, and that the nervous influence was carried to the liver by way of the sympathic system, notwithstanding that it has been demonstrated that the influence of the sympathetic nerve in the neck is propagated from below upward, and not from above downward. The experiments on the great splanchnic by Bernard and others would show that nervous influence traveled both upward and downward through the sympathetic, or that the irritation of the fourth ventricle and the nerve centers immediately around it, goes by the way of the spinal column.

BILIOUS INTERMITTENT.

Miss Y. First chill at 4 P. M., next at 2 P. M., then at noon, anticipating about two hours. Chill slight, no thirst, but fever runs

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on almost continuous till near next chill. Has pain in the left chest which has troubled her for weeks. Headache nearly continuousiy, but feels quite bright two or three hours before the chill sets in. Chill more on the back and shoulders; constipated; appetite fairly good, except for supper. Gave Arsenicum^{30}. Chill lighter next day, and then passed two days without chill. Returned again at 4 P. M. Two succeeding chills which were quartan, retarded about two hours instead of anticipating. Gave lycopodium^{200}. Chill now modified so as to begin on the left lower side; headache nearly gone. *But she has continued fever; bores her nose,* which has an eruption on right side near nostril. *Cannot get warm, even by the fire; wanted to keep close covered, even in fever stage; is very hungry.* Gave Cina^{3}, with complete success; no more chills after the first dose. *G. N. Brigham, M.D.*

THE ALTERNATION OF REMEDIES.

S. A. NEWHALL, M.D., NEWTON, KAN.

In the COUNSELOR for April, 1881, is an article by Dr. C. E. Fisher, protesting against the refusal to publish cases reported in which two or more remedies are used alternately in the treatment. In said protest I heartily concur, and must conscientiously take issue, with several points in the editorial answers.

First, the statement is made that a clinical case is of value in showing under what conditions a remedy should be used, only when that remedy, alone, is used; and Bryonia in treatment of pleuritis is cited as an example; and the statement made that if any other remedy is used in alternation, the reporter and the reader are both at a loss to determine what remedy cured the patient or removed any one or more of the symptoms present in the case.

For the sake of brevity admit the statement in a case of simple pleuritis. But a majority of cases of pleuritis, in my experience, are, pleuro-pneumonia, with acute pulmonary congestion. The sharp cutting pain on inspiration, indicating pleuritis or inflammation of the serous membranes; and the quick, rapid, hard, tense pulse indicating acute arterial and pulmonary congestion. This is the condition of more than seventy-five cases out of a hundred in this locality.

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Bryonia promptly relieves the pleural congestion and inflammation, with its attendant symptoms, and Veratrum viride relieves the arterial and pulmonary congestion and inflammation, and neither one alone will do its work so quickly, or so well, as when each is aided by the other in alternation.

Again, in nearly fifty per cent of cases, there is cerebral irritation (especially in infants during dentition) which neither Bryonia or Veratrum viride will relieve so well as when aided by Belladonna, and in fully that proportion of cases I use these two or three remedies alternately, and have no difficulty in seeing how each remedy does its work, or in seeing how each one reaches out a helping hand to aid the other in relieving the suffering vital force in this fierce struggle against disease.

To wait for one remedy to do its work before using another equally indicated is, to my mind, a foolish, if not a criminal, waste of time. The case cited by Dr. Fisher, of dysentery, is one common in my experience, where no one remedy was clearly indicated, and no one remedy would do any permanent good, but two or three most nearly indicated would promptly cure the case; and there was no difficulty in seeing how each one did its part; so that I see no lack of wisdom in supposing a case the counterpart of which we very frequently meet in practice. I have met cases of dysentery in which the most careful study failed to find the "similia" in any one remedy, but where the two or three most nearly indicated were given, a prompt cure was the result.

The statement that one remedy would cover all the symptoms near enough to produce better and more lasting results than those assumed to have been produced by the alternate use of remedies given, will, of necessity, be subject to a great many exceptions; and the assertion, "If Aconite alone failed to produce permanent improvement, but only 'hushed up' a few of the symptoms in the case, and if Colchicum (or any other remedy prescribed after the failure of Aconite,) accomplished no more than it is credited with by Dr. Fisher, then neither Aconite or Colchicum were homœopathic to the case," is forcing the question, is setting aside a fact to sustain a theory; for similar facts transpire every day to that stated by Dr. Fisher (whether his case be a real or an imaginary one, it matters not,) "that two remedies alternated, when equally indicated, cure cases that neither will cure so quickly, or so well, alone."

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The third statement in same answer, depending on the violence done in the second, falls with it.

I accept the statement by Dr. Fisher that every remedial cure is homœopathic, no matter how crude or how attenuated. If this law of "similia" is not infallible and invariable, then we are just as much at sea without guide or compass, as our allopathic or eclectic friends. I am just as much in favor of the single remedy, and if you please, the single dose, if that will cure the case, as any man; but nature, or morbific miasms, or influences, are not going around fixing up cases to suit the remedial agent we happen to have provings of; and if I find a patient suffering from the complicated effects of two, or three, or more morbific agents, or poisons, it is my bounden duty to meet all those influences at once, even if I have to alternate two, or three, or more remedies to do it at the expense of our most favorite theories.

In admitting the fact that it is easier to procure a hundred cases where two or more remedies were alternated, than to get five treated with the single remedy, you admit what we claim, that in a very large majority of cases no one known and proven remedy will sufficiently cover the case to be alone successful; and in making the sweeping assertion that nothing is to be learned from the report of cases where remedies are alternated, and in refusing to report such cases, you simply ostracise those who honestly differ with you.

The better way, I think, and the only just way, is to report a fair proportion of such cases, and if improperly treated, cite the remedy that is homœopathic to the case, and that will cure it singly and alone; for I believe we can learn as much by reporting and correcting mistakes, as by reporting brilliant successes. One of our greatest difficulties lies in the unreliable provings of many of our remedies.

These are my honest convictions given in the kindliest spirit, inviting free and courteous criticism.

[We publish the above communication without further comments, mainly as an evidence on our part to do full justice to gentlemen who share the views expressed in a former number of this journal by Dr. C. E. Fisher. We have not sufficient space at our disposal to reply, and feel justified in dismissing the subject.—*H. R. A.*]

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MINNESOTA STATE INSTITUTE OF HOMŒOPATHY.

Young Americans are often charged with irreverence, and justly. But as "Young America" comes into manhood, his inborn republican notions gradually teach him to reverence associations of men, bound together by a common cause, if not the men themselves.

It was with this feeling of awe that I entered the Minnesota State Institute of Homœopathy, in session in St. Paul, on May 17, 1881. There, in a pleasant hall, scattered about as personal preferences indicated, were the representative men of homœopathy in the North Star State. One would not expect to see many old men at the Fifteenth annual session, nor would the comparatively short history of homœopathy in the state admit of it. Of the original members of the institute, but one was present during the session, W. A. Leonard, of Minneapolis, a tall, spare man whose white hairs would place him far beyond the meridian of life, did not his genial, strong face, smooth forehead, and elastic step bespeak the prime of life. Death has removed most of his early associates—William A. Pennyman, T. R. Huntington and James T. Alley—leaving him almost alone among the pioneers in the state. The Doctor's ability and energy have been recognized outside of his school, for he is just entering his second full term of service of the State Board of Health and his second year as State Examiner to the Insane Asylum.

Among St. Paul practitioners, the prominent ones present were C. G. Higbee, C. N. Dorion and Henry Hutchinson. Dr. Higbee's full commanding figure, his iron-gray, long beard, and clear blue eye, are always pleasing representatives of energy and force at institute sessions. He is ever listened to with respect and rapt attention, as a careful, studious, and successful physician.

Dr. Dorion's quick eye and graceful manner show clearly his French origin, as do also his broken English and nervous accent. While presiding as first vice-president, these characteristics were generally noticed. A most thorough kind gentleman, uniting to this social grace rare experience with Prof. R. Ludlam, of Chicago, in his specialties, the Doctor has won many friends in practice and in the institute.

Henry Hutchinson, among the younger men, is a leader. His

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large, finely-shaped forehead and tall figure bespeak the well-turned sentences and clearly-cut indications in his paper and discussions. The Doctor's Philadelphia education is self-evident, as is also true of the younger element in the institute—notably, S. P. Starritt, of Anoka, H. C. Leonard, of Fergus Falls, and William E. Leonard, of Minneapolis.

Dr. Starritt has a philosophic bearing far beyond his years, nor did the able part he took in the discussions belie his looks.

The President, C. W. Crary, of Lake City, represents the thorough, progressive converts to homœopathy, as one would expect from his straightforward manner, his incisive questions, and his clear ideas on therapeutics. The gray hairs that thinly sprinkled his head tell of hardship and a severe nervous shock endured during his army service, for the Doctor is still in his prime.

The most dashing, energetic, and even brilliant young man of the session this year was W. H. Caine, of Stillwater, the son of a former highly respected practitioner in St. Paul. His reports in the bureau of surgery were interesting and instructive, showing a fearlessness in operating, and a degree of skill which will give homœopathy an excellent stand in Stillwater. Mainly through the Doctor's personal exertions, within a few months a hospital for exclusive homœopathic treatment has been established in his city.

And that leads to a mention of another triumph of homœopathy noted by C. G. Higbee, as chairman of the bureau of legislation, registration, and medical education, namely, the establishment of an homœopathic hospital in Minneapolis. The board of directors include the mayor, member of congress for that district, a regent of the university, and several prominent capitalists and manufacturers. The success of this enterprise is therefore assured, and the homœopathic practitioners and their patrons in Minnesota rejoice.

A notable circumstance on the morning of the first day in the applications for membership, was the fact that the four applicants were all graduates of Hahnemann College, Philadelphia, viz.: J. E. Voak, 1866, St. Paul; H. Boley, 1877, Minneapolis; H. M. Eastman, 1879, St. Paul, and J. E. Couper, 1881, St. Cloud.

A distinguished visitor, a member of the Western Academy, whose discussions in the Sixth session of that body at Minneapolis last year were notably clear and logical, was S. B. Parsons, Professor of Sur-

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gery in the St. Louis Homœopathic College. The Doctor's nervous temperament lends to him unlimited energy, to which is added the acquirements of a shrewd intellect. Listening to his lectures can be nought else but an intellectual treat, nor can we imagine any conceited student as getting the better of the professor in wit or argument.

How could I have been so ungallant as to forget to mention the two ladies of the institute, Adele Hutchinson and Mary L. Swain, of Minneapolis, both graduates of Boston University, and the only representatives of that school in the institute!

Dr. Hutchinson's ability is this year recognized by her being appointed on the executive committee.

Mentioning schools, reminds me that New York has but one graduate in the state, H. H. Camp, of Minneapolis. He declares that he feels his loneliness.

Old Hahnemann, of Chicago, is well represented by Drs. Higbee and S. W. Spaulding, of Minneapolis.

H. E. Higbee is well known from his very active part he sustained in entertaining the Western Academy last year. His bright speeches and energetic manner are familiar features of each session.

Among the men who came up from the interior of the state was one with high square forehead, closely cropped beard and kindy face, O. H. Hall, of Zumbrota. The Doctor's clear, concise and practical paper on Puerperal Convulsions gained excellent attention, and drew out an animated discussion.

The future president of the institute was a marked man during the short stay permitted him by his large practice—namely, O. M. Humphrey, of Minneapolis. His straightforward look and fine chin foretell good parliamentary rule during the next annual session—not that this was lacking this year.

Minnesota will be represented this year at the American Institute and the World's Convention by C. G. Higbee, of St. Paul, and at the Western Academy in Chicago by O. M. Humphrey and A. E. Higbee, of Minneapolis.

For fifteen years the institute has published no transactions worthy the name. But the publishing committee assure me that that will not happen this year.

If the North Star State has been quiet heretofore, fair warning is

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hereby given it will not be so hereafter. The new blood infused into her homœopathic veins from recent graduates will give new life to her annual institute sessions, nor will her papers and discussions be allowed to moulder in musty pigeon-holes, but rather be given to the journals, as embodying the first fruits of homœopathy in Minnesota.

And "by their their fruits ye shall know them."

A New Member.

TWO CASES OF MANIA.

A single woman, aged forty-six years, who has not menstruated for ten months, some two months ago became violently angry; and fell gradually into the following condition: Symptoms. She was constantly afraid that the authorities were looking for her, on account of some crime of which she stood accused. Anxious expression of the countenance; she imagines that her neighbors are persecuting her. The devil is trying to ensnare her, came to her from below through the floor of her room. During the day, occasional, unrefreshing sleep. During the night, heat at from one to two hours' sleep at most, with anxious dreams; she thinks that she is falling into a deep abyss; she is being chased and runs for her life. She feels exhausted, utterly weary, is inclined to weep. She is set against every person, who is attempting to talk her out of her notions. With it, heat in the head and face, dirty and dark-red color of her cheeks, hollow countenance. Dizziness and unsteady walk. Moderate heat of the body alternates with coldness. Costiveness. Reddish, mealy sediment in the urine. She had been bled. Prescribed Zincum oxydatum, one-sixth grain every four hours. Improvement on the second day, no abnormal appearances after one week. The remedy was continued at lengthened intervals for a few days. (Schmid, *Hom. Arz. and Gabenlehrung.*)

A man, thirty-six years of age, had been insane for several months. Symptoms: He thinks that he is lying in the grave, pleads, prays, demands that he shall be killed. Laughs, as if some one was tickling him. Wants everybody to kiss him; accuses his wife of faith-

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lessness. He scolds, strikes about him in a rage, cannot be held by his watchers. He thinks his watchers are dogs, and barks to make himself understood by them. He talks a Jewish vernacular, something he had never done before, and thinks the house is surrounded by wagons full of geese and of people, who make obscene gestures at him, which makes him rave. He is pale, eats nothing, does not sleep. With it, constant play of the facial muscles. He sticks the thumb of his hand through the fingers. After previous unsuccessful allopathic treatment, cured in a few days by Stramonium[9]. (Schellhamm in *Archiv.*, xvi., 2, 81.)

PHTHISIS.

G. N. BRIGHAM, M.D., GRAND RAPIDS, MICH.

The term phthisis has come to be used as synonymous with consumption, being derived from a Greek word which means to waste or consume. Pathological anatomy reveals the fact that little corpuscles of a peculiar shape are usually a concomitant of this condition, and pathologists have given the name of tubercle to this matter. In a large per cent of tubercular cases the lungs are the principal seat of their lodgment. The use of the term tubercle, at first, only meant a little swelling, node, or nodule, but it has come to be used to express any deposit of tuberculous matter infiltrated into structure in masses or even if circumscribed and nodulated. Our present definition would be that tubercle was an exudative deposit of a yellowish or gray color, varying in its integral parts, forms and consistence, which sometimes dries up, hardens, and becomes chalky and calcareous, producing induration and cicatrization in the surrounding tissues, but which more often softens and, implicating surrounding tissues, causes ulceration and purulent secretion with septicæmic influences.

As to the structure of tubercle it varies much, being modified by the time it has been deposited, and whether it is hard or soft. Under the glass a fragment of cheesy or soft tubercle mixed with a drop of water and thoroughly broken down seems to consist of a number of

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irregular bodies with numerous molecules. Pathologists have given the name of *tubercle corpuscles* to these bodies. They are of the rounded triangular form, and measure from the 2000th to the 4000th of an inch. They are distinct in outline and have usually three or four granules imbedded in their walls which are only seen with a very high magnifying power. These bodies are dissolved by Ammonia and Liquor Potassæ, acted upon in a small degree by Acetic acid and not at all by Ether or Alcohol. Albumen, fat, and minerals, seem to be the chemical constituents of tubercle. The harder the tubercle the less distinct are the granules—soft tubercle exhibits them abundantly. The more plastic and diffluent the tubercular substance, the greater the proportion of the molecular element; and the more chronic and cretaceous, the molecular elements become mixed and transformed into gritty particles, which are chemically earthy salts. These calcareous deposits are variable both in shape and size.

By chemical analysis it has been found that tubercle then consists of an animal matter, mixed with certain earthy salts; that the relative proportion of these varies in different specimens of tubercle; animal matter being the most abundant in chronic tubercle; that the animal matter is chiefly albumen with a trace of fibrine, to which is added fat in still less quantities, but which becomes more and more a constituent as the disintegration of tubercle goes on. Further, in the analysis of the earthy salts it is found that they are composed chiefly of the insoluble Carbonate and Phosphates of Lime, mixed with a small proportion of soluble Salts of Soda.

Finally, that the difference between tubercle and other albuminous compounds, so far as yet detected, is very slight.

Structurally and chemically then, tubercle must be regarded as a product resulting from the working of vital processes upon a very low plane, having a constant tendency to a fatty and mineral transformation or degeneration. To what extent this knowledge will be made scientific data to help in the solution of proper therapeutical measures to arrest the mortality of this terrible disease, remains to be seen. It is a curious fact that the remedies which have obtained the widest recognition for serving the patients afflicted with this malady are salts, which constitute a part of the tuberculous matter and increase relatively in the change going forward where soft

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tubercle is changed into hard or cretaceous tubercle. Another fact is, that in the processes of degredation fat increases, and that Cod-Liver Oil, or fat, has long been a prominent medicine in that form of the disease. Is it not just possible that potentized elements tend to carry elements of the same order up in an alliance with force, especially vital force? But I presume chemistry has not yet made the ultimate analysis of tubercle, for Sulphur and other minerals will no doubt be found, on a more complete and extended search. Indeed, it is presumable that Sulphur is present in all fibrinous products.

Pathologists have classified tubercle,

1. Into miliary, where the tubercle is of the size of millet seed and scattered over a membrane or thoughout an organ.

2. Into infiltrated, where tubercle occurs in diffuse masses.

3. Nodular and encysted, as where tubercle exists in rounded, isolated masses from the size of a pea to a hazelnut; and, lastly, the cretaceous.

Divisions are more or less arbitrary, of course. Miliary tubercle is usually soft and can be crushed between the fingers, is of yellow color, is occasionally found in minute granules, semi-transparent or grayish, in color, and hard to the sense of touch; possibly they may have undergone the calcareous transformation, retaining their miliary form. They vary in distribution from being sprinkled indiscriminately throughout the lungs to clusters confined to only portions of its tissue, and from the consistence of cream to the hardened chalky or cretaceous consistence of the salts of lime.

Infiltrated tubercle occurs only in diffuse masses. The entire lobe of a lung may present a deposition uniform throughout, or a portion may be made the seat of deposit, but all parts involved are infiltrated. Sometimes this seems to be but an agglomeration of miliary tubercle; and like the miliary form, it is found in similar states of consistence varying from the soft to the hard variety, the difference being chiefly in the density and compactness of the tubercular deposit.

The encysted tubercle differs mostly in its being held in a fibrinous capsule more or less dense, and in its being isolated and not involving the tissue generally.

The calcareous tubercle is of a whitish color, gritty, putty-like in consistence, or, perhaps even more stony in its peculiarities.

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All these forms run into one another, and even all these varieties may be found in the same organ or structure; especially may they all appear in a diseased lung. Miliary and infiltrated tubercle is, almost without exception, new deposit, while calcareous and encysted almost never are. The essential difference being that in the two last varieties the albuminous matters have been absorbed, while the earths remain to enter into concretion.

The lung tissue is the most frequent seat of tubercle, but it may occur in any vascular texture, tubercle being an exudation from vascular vessels, which coagulates in the minute spaces between, or, outside of the layers of structure. It is a low type of hysto-genesis operating upon exudative matter which forms the foundation of tubercular disease; the manner of it being, that the blood vessels throw out a fluid exudation, a molecular blastema, the molecules of which it is composed coalescing into tubercular corpuscles. Compressed together, they form the dense granulations described by Boyle; uncompressed and retained in fluid molecular matter, the product is usually a variety of yellow miliary tubercle. The doctrine that tubercle is invariably the result of cell-proliferations is abandoned by most pathologists; hystology demonstrates that, in the lungs at least, it originates as in molecular exudation and, as it seems in consequence of a feeble vital force, rarely passes beyond the nuclear or inceptive stages of growth. It being determined that tubercle is exudative matter and thrown out from vascular vessels, it is easy to see that the causes of tubercle may be whatever shall modify vascular action so as to cause this exudation with this low type of hysto-genesis. This suggests that the first and most important measures of all guardians of health should be directed to the prevention of tuberculous exudations. A tuberculous diathesis can, in most cases, be detected presumably, prior to such exudation. And yet, quite likely, no opportunity will be had for diagnosticating the antecedents of tubercular exudation in a large majority of cases.

Luckily, tubercle is much less the synonym for mortuary terminations, than has been held. For our pathological anatomists find evidence that the lungs, as well as other organs, were the seat of tubercle, though it had not in the least been suspected during life. If we have tubercle it is a rare exception if it does not exist in the

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lung. Tubercular peritonitis it seems is an exception, possibly tubercular meningitis.

Tubercular affections of the lungs have become an engrossing subject of study. For convenience, we may class pulmonary tubercular phthisis into the acute and chronic varieties of the disease. In the acute, we have both the miliary and infiltrated tubercle, occupying portions of one or both lungs. Not unfrequently, a very large portion of one lung at least. The deposit is soft, and accompanied with suppurative action, which it has provoked, housed in pockets. or cavities, often one running into another. The surrounding pulmonary structure is engorged with blood, and from inflammatory action has become pneumonic, perhaps, the bronchi are loaded down with purulent matter forced into their reservoirs in the act of coughing, or taking this direction as a course of drainage from the pus-secreting cavities. In many respects this disease resembles gray hepatization of the lungs, and like it, is often most developed in the lower lobes of the lungs.

The chronic variety is, by far, the most frequent; and in this form of pulmonary phthisis we have almost invariably the apex first involved, and most minutely and completely loaded with tubercle; though tubercle possibly may invade a greater portion of even both lungs. Usually, one lung will be more affected than the other, and will be primarily affected. Tubercularization of the lung proceeds in the order of formation and deposit of miliary tubercle to a greater or less extent. Then follows the softening of the tubercle, so that it forms small cavities communicating one with another, breaking down texture; these extend, forming distinct cavities with ulcerous walls, and soon septicæmic influence from the absorption of chemically degraded elements. These excavations may be no larger than a pea, or they may involve a large portion of the lung. They may be individual, or composed of many running into a large recepticle. If recent, the walls are rough, and jagged; if chronic, the destructive processes have dissected out the fibrous tissue, leaving only blood vessels and bronchi with fragments of indurated fibrous tissue. Very old cavities are lined with smooth membrane. Air and fluids, in different proportions, usually fill these cavities; the fluids being at times viscous, purulent, or sanguinolent; often offensive, ichorous, and greenish in color. Adhesions of the pleura are very common—

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even so dense are these adhesions at the apex at times, they cannot be separated.

Bronchitis, in all its forms, is not unfrequently associated with ulcerous phthisis; dilated bronchi, emphysema, and collapse of the lung; pneumonia, extravasation of blood, and fatal pulmonary hæmorrhage. But the increasing septicæmic influence, steadily telling on the vital force, is the overwhelming tide that steadily and irresistibly carries the victim of pulmonary phthisis into the grave.

Three things, then, demand our attention in our attempt at a successful treatment of this condition of the lungs:

1. The arrest of exudative action in the vascular vessels of the lungs.

2. The arrest of suppurative action in the tubercularized lung-tissue, or softening of the tubercle.

3. Adequate drainage of the septicæmic contents of the excavations; and this last includes opening into the abcesses through the walls of the chest.

The first is of the highest importance. To prevent the exudation of the caseous matter secreted from the vascular vessels it is necessary to elevate the movements of fibrinous and albuminous matter so as to bring about a healthy alliance or a higher grade of hystogenesis. At this stage food is a very important factor, as assimilation and nutrition are antecedents to structure; antecedents also to health. Appropriate remedies will suggest themselves. Climate is another factor of much importance, for the reason that sudden changes favor congestions in the lung tissue and increased action of the vascular system, a condition which favors exudation of a fibrinous or caseous nature; especially in lymphatic and scrofulous constitutions.

The question may be raised if the disease is not much in the nature of a pulmonary lymphangeitis, when caseous secretion takes place.

Coming to remedies, we will have to study the peculiar symptoms of each case together with the constitutional diathesis. The remedy may be Calcarea carb., Iodine, Ferrum, Phosphorus or Sulphur. When suppuration and septicæmic action has set in, it will most likely be Silicea. Some cases will require Arsenic, others will be

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benefited by Stannum, especially will Stannum meet an excessive expectoration. The Phosphate of Lime seems to have done much for abscesses following old hepatizations. When deposits have occurred, the object should be to promote absorption and elimination of the impedimenta.

We have found Sulphur most effective for this purpose, but also have found that the lower dilutions are not well tolerated in this class of cases. The use of Cod-Liver Oil in later stages has some value, but hardly more than cream and other fatty substances, so far as our own experience goes. A free use of sugar, milk, cream, and a fair amount of easily-digested food, having a large per cent of nitrogen seems to us to meet the dietetic demands very well. A good deal of sunlight, such muscular exercise as can be borne, are never to be neglected. The time to cure these cases, is, before we have abscesses and fluent tubercular matter ready to undergo changes which poison the system with septicæmic matter. Even then we should not give up our cases without a resolute attempt to arrest destructive inflammations, softening of tubercle, and septicæmic embarrassments. Curative reactions have been provoked by remedies that have been set up even by nature herself. The remedies which have really proved curative with us are, first, Sulphur, in about three to one of any other agent. Arsenic, Calc. c., Phosphorus, Silicea, and Stannum, in about the same proportions; Silicea being the curative agent in the most advanced cases. I do not claim my cases cured to be very numerous when phthisis has reached the last stages; but we have cured as high as twenty per cent for the last ten years, and we think higher—enough, at least, to show that these cases are not as hopeless as claimed by a majority of the profession.

This paper would be quite too long if we should attempt to write out these cases. But in closing, will say, do not repeat a remedy more than once a week, and not at all while the patient is improving. Sulphur, Silicea, Arsenic, Calcarea carb. have done little with us lower than the 200th dilution. Stannum has cured in the 3d. Be prepared to see failure, but possibly you may be astonished with results if you have worked your case out well. The fact that the constituents of tubercle have been used with the best results in treating phthisis, is a fact worthy to remember.

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ON THE REPETITION OF THE DOSE.

DR. C. D'ESPINEY, OF NIZZA, FRANCE.

Translated from the French for the COUNSELOR by S. LILIENTHAL, M.D., New York.

The dose question touches one of the most delicate points in our art of healing. In reading the works of Hahnemann, one is astonished to see him constantly preoccupied with attenuating the dose of the dose, and with the advice not to hasten too much the repetition of the dose, warning us of medicinal aggravations — always useless, too often injurious. *Medicinal aggravation!* so often denied by physicians in good standing, who at the same time harbor the idea that if a patient is not cured , the smallness of the dose is to blame for it. Such negations truly undermine the noble edifice of our master, and we are not any more astonished to hear from the lips of an English vice-president of an homœopathic society such expressions as: "We admit that the views brought forward by Hahnemann are often extravagant and erroneous." Still, such physicians believe themselves heart and soul staunch homœopaths, and we thus possess the key to the practice as now prevailing. The very lowest dilutions are nearly exclusively adopted in chronic as well as in acute diseases, even in enormous doses, e. g., 20, 30, 40, 50 centigrammes of a trituration, or 15 to 20 drops of the fluid. When dissolved in water, a large table-spoonful is ordered, just like the old school does. One drug follows the other without interruption, so that many a time during the same day the patient receives three or four different drugs.

A priori, if we admit that the mode of preparing our drugs exalts the virtue of the medicinal substance, renders it more subtle and penetrating — and he who uses dilutions admits such reasoning — then it must be inconsequence itself to give it in the same quantities in which massive substances are given. Practically, one or two drops of a dilution, five centigrammes of a trituration, give us all the effect we desire, even under pressing circumstances. Large doses lead us into the aberrations of the old school—hitting the patient as well as the disease.

We acknowledge that at the beginning of our practice we leaned toward the skepticism and materialism of our age, we thought not

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much of these high dilutions and of the long intervals, or the danger of hurrying dose after dose, and now the question comes up: Has homœopathy progressed, and do we understand it better than Hahnemann? For my part I believe that we made some happy modifications in the treatment of acute diseases; there may be two or three drugs which will be necessarily employed in massive doses, for example, Quinine. In fact, in acute cases the lower dilutions are in general more efficacious,* but the enormous doses of these dilutions, as the tendency now prevails, and their inconsiderate repetition, are a deplorable exaggeration and an unhappy innovation. In relation to chronic diseases, everybody must admit that we are inferior to our master. What is more curious is the fact that in the same ratio that our school falls back to routine treatment, the old school partakes of our riches and tries to apply our remedies with precision and in small doses, yea, they even adopt the globule though despised before. There can be no doubt that our insufficiency in treating chronic diseases arises from the neglect of the precepts of the master, from our chief reliance on low dilutions, from the administration of large doses frequently repeated.

Just now I only desire to speak of the repetition of the doses, in order to demonstrate that thus we not only prevent a cure, but expose the patient to danger and even to death. Let me give you a few examples:

PHTHISIS PULMONALIS.

Of thirty years practice the first half was allopathic, the last fifteen years homœopathic. After I began to use dynamized drugs I saw many cases of phthisis singularly ameliorated or cured under homœopathic treatment and my confidence was established, but I found out that my patients succumbed more rapidly than formerly, and I became convinced that in certain forms or periods of phthisis the inconsiderate employment of homœopathic drugs may sensibly

*A supposition which we emphatically deny. Acute diseases are just as amenable to the high and highest dilutions as chronic diseases, nor is the repetition of the drug, after it made an impression on the diseased state, less dangerous. Low dilution and attenuation shows just where the shoe pinches: "we do not understand fully the treasures of our materia medica," and I plead as much guilty as any one to such trespasses. But when a gonorrhœa of a week's standing is cured with one or two doses of Medorrhin (fluxion potency) and remains cured in spite of continued sexual intercourse, or a soft chancre cut short by a few high doses of Calcium sulphide, we cannot deny the efficacy of the higher potencies even in acute affections. *S. L.*

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accelerate the fatal issue. By and by Dr. Chargé confirmed my opinion. I asked him one day which remedies gave him the best results in phthisis. He replied that he put that same question to Rummell, who replied: "Phosphorus always succeeds with me when I know how to give it." "And what do you mean by 'knowing how to give it'?" "A dose every fifteen days."

"A dose every fifteen days!" Oh! how we have estranged ourselves from such practice. And still Rummel is right. In certain cases of phthisis some drugs, and especially Phosphorus, may produce the most horrible ravages when we repeat the doses too close together.

About fifteen years ago I was accidentally in a city where I was requested to visit a nun suffering from a slight tuberculous infiltration in one apex of her lungs. Her general health was still good, strong, well shaped and of good appetite; she only complained of a little, dry cough, and the expectoration contained sometimes little streaks of blood. She was a blonde, small and tender, with blue eyes, white teeth and fine complexion, in fact the very type for Phosphorus, of which she received three powders, each containing ten or twelve globules, with the advise to dissolve a powder in nine spoonfuls of water, take three times a day a spoonful for three days, then omit three days, and thus continue till finished. I returned to the city in about forty days and was horrorstricken when she appeared; in fact I did not recognize her any more: cheeks hollow with red spots on them, eyes sunken, excessive emaciation, nearly constant cough. The pulmonary lesion had fearfully progressed, whereas formerly its progress was very slow. I was told that after taking a few doses a serious hæmorrhage set in. The medicine was continued till a more serious bleeding made them fearful, and since then she was failing. Who can deny that Phosphorus is a great remedy in phthisis, but not having the courage of Rummel to give the drug in such long intervals, I turned during the first period of phthisis to Calcarea phosphorica in massive doses, especially as Calcarea carbonica did me some good service at the outset of phthisis, but it is sure that, if we intend to master this first period, we would do better by administering our dynamized remedies with great prudence and with growing or even excessive reserve. It would be even wise to apply the rule established for the antipsorics; also in such cases to give the remedy dry on the tongue every eight or four-

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teen days. During the third period even a greater circumspection is necessary, and I consider it a rule that *the more a change in an organ appears, and the more such a change threatens the life of a patient, the more necessary it will be found to give our dynamized remedies in large intervals and weak.* To appreciate such treatment it is necessary to be well acquainted with the natural course of the disease, and I am fully convinced that strong doses, frequently repeated, precipitate the course of the disease. Hence physicians, and especially those who treat patients in the winter-stations, have often given up all treatment as pernicious and confine themselves to hygienic treatment in all its minutiæ, and it must be acknowledged that their success often surpasses all expectation.

HEART DISEASE.

What was said of phthisis may be repeated of heart disease. In acute carditis as well as in some accidents which may complicate a chronic affection of the heart we must act quickly, and strong doses and frequent repetition may be necessary. Just so in pulmonary congestions of cardiac origin Ipecacuanha in drops and repeatedly given acts beautifully. I choose Ipecac. as an example on account of its short and rapid action, whereby repetition generally is not hurtful. There are other remedies of the same kind where the same latitude may be allowed.

But when we deal with an organic lesion of the heart or of the aorta, fatty degeneration of the myocardium, valvular defects, and especially when the period of asystolie is imminent, we might cause even sudden death by too strong a dose or too quick repetition. The heart is exceedingly sensitive to the action of dynamized drugs, and this sensitiveness increases the weaker and more affected this organ becomes. Let me give you a case:

About January, 1876, being at Hyéres, I was requested to see Madam D., from Paris. For several years sick, she had tried in vain several physicians of the old school and now desired to give homœopathy a trial. She was about fifty-four years old, of good constitution and vigorous, and only complained of severe cardiac orthopnœa. Mitral affection arrived at the period of asystolie; extreme oppression, impossibility to lie in bed or propped up by many pillows; the least movement increases the dyspnœa; cough painful and incessant, though auscultation showed some sibilant rales; pulse

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irregular, intermittent, so that the beats could not be well counted. Double bellows-sound, its maximum of intensity at the apex. Abnormal development of the liver, œdema of the legs and thighs, the skin continually bathed in perspiration, urine scanty and red, nearly complete anorexia. I gave Merc. viv.^{12}, some globules in water, three teaspoonfuls in twenty-four hours, to be gradually reduced to two and then to one a day. After twelve days I visited her again and found her greatly worse. "Doctor," said she, "I feel that I must resign myself to death; allopathy could not help me, and your medicine makes me worse." This was in reality a fact, œdema already reached the upper extremities, the lungs were engorged and all through them a fine mucous rale could be heard; she feared to suffocate. I recollected then an act of Dr. Gastier's: he treated for an acute affection one of his grandsons, whom he adored. The child got steadily worse and the grandfather more alarmed. Striking his forehead he said, "I give too much medicine; I go into the country and return in two days. No medicine during my absence, and give the child something to eat." On his return after two days he found reconvalescence established. That hint came back to me in its full force. It was Tuesday, I gave the patient three globules of Merc. viv.^{12}, dry on the tongue, and told her that I would see her in a week, begged her not to send for me, to have patience and take no medicine whatever.

The following Tuesday she was neither better nor worse. Another dose of Merc. on the tongue and again nothing for a week. Eight days afterward amelioration was established, the œdema diminished and appetite returned. Treatment the same. The week following I found her up. Two weeks later all œdema had disappeared, the lungs were free and the patient walked about, though still a little oppressed, the pulse more regular notwithstanding the persistence of the cardiac murmur. I do not consider the case cured, relapses may set in, but it shows what the single remedy can do given at long intervals, whereas the same remedy, too often repeated, certainly aggravated the case. It might be contradicted, and such an aggravation considered to belong to the natural course of the disease, but how did it come that the same remedy, given at longer intervals, caused such decided improvement.

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NERVOUS DISEASES.

The same rule holds good in nervous diseases. The best-selected remedy not only fails to cure when too often repeated, but it also tortures the patient and may render the case incurable, as I have several times witnessed. I give only one case:

Mlle. X is a str ng heavy girl of 18 years, suffering from severe hysterical fits. I treated her about a year with marked amelioration, but after all I was dismissed and my patient put in allopathic hands and under their treatment the fits got as severe as they were at first. Her general health began to suffer, she lost her strength and appetite and with it flesh. When recalled I chose Cuprum^{30}, five or six globules in half a glass of water, two teaspoonfuls daily. After the second dose a wonderful improvement, the fits had entirely disappeared. Every body was glad and myself astonished. I ought then to have suspended all treatment, but I was weak enough to continue it and in consequence the fits returned more frequently and more severely; there was hardly an interruption now: a shrill cry, every two or three minutes, followed by frightful contortions, absolute refusal of all nourishment, she only took a little water, and we feared death. No medicine was now given, and from that moment the fits became weaker and ceased after three days. The following week she could walk out, a thing which she had not done for months. Still she was not cured, the family would not listen to my advice of rare doses, they changed again to allopathy and she soon died.

EYE DISEASES.

Let us finally examine some external affections, as diseases of the eyes:

When there is an acute fluxion to the eyes, an homœopathic remedy may at first increase the redness and the tumefaction, only to remove them afterward entirely. We see the same effects in chronic ophthalmia. A gentleman, whom I often meet in the street, came to my office. The margins of his lids are red and bloodshot, on one side there is even a slight tendency to ectropion, the ocular conjunctiva congested, and the patient is obliged to wear colored glasses. I prescribed Merc. dul., five centigrammes of the 3d trituration, dry on the tongue, and ordered him to dissolve six globules of Bell.^{3} in six spoonfuls of water and to take one morning and evening. A

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few days afterward he returns in dispair, his eyes are more red, watering and sensitive to light. But this short aggravation was followed by a lasting amelioration. We must be still more careful in the repetition of our doses where the eye itself is affected. Phosphorus may cure a glaucoma, but repeated doses may destroy the sight.

Sycotic tumors are generally indolent, and thus may give us an example of the long duration of a drug and at the same time a solid argument against hasty repetitions.

Warts are very common on the hands of infant and young people. Often I have given a single dose, or two or three at the most, of Calcarea carb.[30] and Mercurius[12], every dose of three or four globules alone dry on the tongue. Apparently no effect was produced—thirty, forty, fifty, sixty days passed so that one nearly forgot what was given, and presto, see the warts, which existed for months and for years, split, disappear never to return. Strange power of small doses, whose effects only appear several months after their administration. Many small sycotic tumors are thus removed by incredibly small doses. When I embraced homœopathy I attended a patient in the village of Maeconais, and his niece, a lady of twenty-four years, showed me a tumor seated for several years on the left temple. It was of the size of a large nut, hard, not ulcerated, and inserted by a large pedicle. I gave her Thuja and Silicea, three doses of each, dry on the tongue. Two months later, I was called in haste to that lady, as my medicine made her worse. I was astonished to find the tumor gone. A few days before, she fell, and in its place there existed an ulceration of the size of a dollar, in which swarmed a legion of maggots, and it was this which frightened and her cousins. The little ulceration healed without difficulty, and although I have met the lady often I can bear witness that nothing remained of the tumor but an indolent smooth scar.

Unfortunately we meet sometimes indolent and slow chancroids, which, under the influence of homœopathic treatment, take on a rapid course and destroy the patient. For that very reason many carcinomatous affections are called *noli me tangere*. Dulac observed on himself the deplorable effects of too often repeated doses, and he was only cured after following strictly the precepts of the master. Nothing is more difficult than the question of the repetition of the dose. Practically, I tried to demonstrate the uselessness and the

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danger of strong and repeated doses; theoretically, we may find some light in considering the natural evolution of diseases. There are diseases which run their course in a few days, others take years to do it; and there are some whose cycle runs through several generations. We learn from all evidence that the longer the time of evolution of a disease is, the slower its preparation, the older its origin, the more necessary it will be to allow a long time for the action of the medicines. Hence we allow our antipsorics to act for several months. We can and we ought to act differently in acute diseases, but even here large and frequently repeated doses are not always necessary. The organism may sometimes bear them, but more times the drug does as much harm as the disease itself, reminding us of the fable of the bear and the lover of gardens.

If a rapidly advancing disease is not stopped, it becomes worse; if the danger becomes pressing, we are very apt to increase and multiply the dose of the drug, all of which is wrong. This increasing the dose is useless, and we thus risk to annihilate the last resources of life. It is far wiser in such cases to examine whether the drug was well chosen, whether it is of good quality and whether the dose was not too strong, or whether the patient does not suffer from a medicinal aggravation. Often do I witness a decisive and full amelioration follow the suppression of a remedy. Incidentally I might also remark that the negative results of a medicament are often caused by an infectious complication which prevents the regular development of its action. Some doses of Sulphate of Quinine, interspersed in decidedly continued cases, have with me saved many a life. Another interesting point deserves mentioning. We administer a homœopathic remedy which produces a positive and well characterized amelioration. Happy over the result, we hasten to repeat such a well-chosen remedy, and the consequence is that that second dose spoils the benefit we received from the first one. Such facts, strange as they are, led Hahnemann to the not less strange precept: there are medicaments whose repetition is useless or dangerous.

Let us always keep in mind that in acute as well as in chronic diseases the dose as well as the repetition of the medicament depends on several circumstances which deserve our close attention. Let us recollect that Hahnemann was an eminent observer; that he

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accepts as a fact medicinal aggravation, and that the neglect of his precepts is a fault of which many of his disciples are guilty.

THE SIMILARITY OF TYPHOID FEVER TO TRICHINOSIS.

H. H. HALL, M.D., ALEDO, ILL.

If G. R. Shaw, M.D., of Ripon, Wis., will carefully look up the pathogenesis of trichinæ, I think it will help him out of the quandary and unravel the mystery of that sorely afflicted family whose malady is reported in May number of COUNSELOR, 1881, beginning on page 57, and synthetically arranged under the nosological heading, typhoid fever. The pertinacity of the case; the nervous erethism and insomania; the dropsy, muscular pain and soreness; the diarrhœa and voracious appetite are characteristic of trichinosis. Two symptoms only were lacking to make the picture complete: sweating and pulmonary complications—bronchial or pulmonary catarrh or hypostases.

Ziemssen's Cyclopædia, vol. iii., page 631: "The fever curve bears a marked similarity to that of an ordinary case of typhoid fever." Page 632: "The appetite is exceedingly variable; often it seems entirely gone; at other times, it is not only present, but even keen. Diarrhœa is very frequent," etc. Page 634: "Together with these perceptible objective symptoms in the muscles, there are usually more or less violent muscular pains, which are but trifling in a state of rest, but become extremely severe on motion or on attempts to stretch the limbs. Numerous, and in some points characteristic, symptoms are observed in connection with the nervous system. The most prominent, and perhaps the most detrimental symptom is the almost absolute *sleeplessness* of the patients. An abnormal state of the mind is not uncommon." Page 625: "Of the symptoms connected with the *circulatory* apparatus, *œdema* in different parts of the body deserves chief mention as being among the chief characteristic, and pathognomic of the phenomena of trichinosis. It comes on, at the earliest, on the ninth day after infection, and increases constantly, especially in severe cases, while in the lighter it, like the

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facial œdema, sometimes disappears only to return in a few days, more markedly than before." Page 638: "In the milder cases, convalescence begins in the fifth or sixth week; in more severe and in the gravest forms it is deferred for four months, and even then the convalescents frequently do not regain their full strength for a long time." Page 640: "With the appearance of œdema of the face and eyelids on the seventh day, trichinosis must naturally be suspected. The further progress is so characteristic that the diagnosis can scarcely remain in doubt. The marked general prostration without any noticeable disturbance of internal organs, the extraordinary violent muscular symptoms, the attacks of dyspnœa, the hoarseness, the bronchial catarrh, the profuse sweats, and the sleeplessness scarcely admit of a doubt as to what we have to deal with."

The above quotations have been condensed as much as consistency will admit of, the object being to merely call attention to the great similarity of trichinosis infection and the cases described by Dr. Shaw. The long duration of the disease, the anasarca, myalgia and nervous complications, are pathognomic.

The healthfulness of the surrounding and the absence of an epidemic at the time would preclude the probability of typhoid. The relapses were, no doubt, cases of new infection. If the Doctor will make a careful review of his cases and note the points of resemblance or dissimilarity between the two diseases—typhoid fever and trichinosis—I think it will be appreciated by the readers of this journal.

THE LIBRARY

A PRACTICAL TREATISE ON THE MEDICAL AND SURGICAL USES OF ELECTRICITY. By GEO. M. BEARD, A.M., M.D., and A. D. ROCKWELL, A.M., MD. Third edition. New York: William Wood & Co., 27 Great Jones street, 1881.

It is but necessary to make a comparison between the older works on medical and surgical electricity, including Althaus in its later editions, and even our own colleague, Butler, and this magnificent volume of more than 750 pages now before us, to realize fully the great advances made in this specialty. The speculative period of medical electricity has almost passed, and the vast number of carefully made experi-

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ments by well-qualified observers are yielding most encourging, positive results; before many years, even the average practitioner will be able to use electricity with a measure of success which might now seem almost phenomenal. The authors of the above treatise rank high among American electricians; their studies have been thorough, and their practical experience so large that they can speak with authority.

We are charmed with the thoroughness of the work before us; nothing important, as far as a pretty careful examination of the text enables us to judge, has been omitted or slighted. Nearly one hundred pages are devoted to a careful study of electro-physics, and this one chapter alone bears ample testimony to the pains taken to bring the work up to date; electro-physiology, one of the most interesting studies we know of, receives its full share of attention, and the remaining five hundred pages, or more, contain a most systematic and satisfactory dissertation on electro-therapeutics and electro-surgery.

To the practitioner who desires to use electricity, and who realizes the necessity of understanding the principles involved, and of their practical application in the treatment of the sick (and there are too many physicians who think the most superficial acquaintance with the mechanism of a battery amply sufficient for all practical purposes) this volume will prove of the greatest assistance; for in thoroughness, completeness and clearness, it stands unrivaled. We would only add a word of caution against accepting as conclusive much of the clinical evidence given; the earnest specialist is often an enthusiast also, and is apt to put into the strongest colors possible facts which, to him, seem positive and conclusive, while in reality they are only highly suggestive.

The publishers have furnished a volume of more than usual elegance, even among *their* list of publications.

SURGICAL PRINCIPLES AND MINOR SURGERY. By J. G. GILCHRIST, M.D. Chicago: Duncan Brothers, 1881.

Dr. Gilchrist is most favorably known to the profession as an accomplished writer on surgical topics, and, especially, as a careful student of the therapeutics of surgery; his writings bear the impress of patient research, and of intimate acquaintance with the subject in hand.

The book before us is one of a series of four treatises on surgical topics (1, Surgical Principles and Minor Surgery; 2, Therapeutics; 3, Surgical Emergencies; 4, Surgical Operations); and if subsequent volumes equal in merit the present work, the complete set will form a most valuable addition to our literature.

The following are carefully considered: Surgical diagnosis, scope and objects of modern surgery, instruments for dressing wounds and for minor operations, bandaging, permanent dressing, splints, bleeding, vaccination, tongue-tie, catheterism, injections. All of these subjects are treated in a thorough and most practical manner. The book is well written, so well, in fact, that one does not tire reading it.

Nearly every physician in active practice is constantly called upon to perform minor operations, to render aid in emergencies, to treat common fractures, to vaccinate, to use the catheter, to administer injections, in fact, to do the many common things considered here, and such calls cannot, in the very nature of things, be ignored. It is then of the utmost importance to all practitioners to keep well posted,

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and we know of no work which we can so heartily recommend to our colleagues, so apt to furnish the very information wanted, as Gilchrist's Minor Surgery.

The publishers have done their work well. The volume presents a tidy appearance, paper and binding are good, the illustrations are excellent, and the type is clear.

STRAWS

A New Method of Testing for Bile.—M. Masset describes in the *Archives* a new method of testing for bile, which is calculated to be of service at the onset of certain diseases. Two grammes of the urine to be examined are placed in a test-tube, and acidified with two or three drops of concentrated sulphuric acid; a small crystal of Nitrate of Potassium is then dropped in in such a way that it reaches the urine at the bottom without touching the sides of the tube. If the proportion of biliary matter in the urine be large, its presence is at once indicated by the appearance of streaks of magnificent grass-green coloration; on shaking the tube, this coloration becomes uniform and of a deeper shade of green; it is unaffected by boiling, and remains unaltered for several days. If the quantity of biliary principles is exceedingly small, the liquid in a very short time acquires a pale green hue, which is as lasting as the deeper shades. This coloration is easily detected by holding up the tube between the eye and the light, or on looking vertically through the tube and urine against a white background. Normal urine so treated takes on a light rose-colored tint. (*Bulletin gen. de Therap.*, July, 1880.)

The Condition of the Iris a Means of Determining Death.—Mr. Joll, of London, calls attention to the fact that the condition of the iris furnishes a reliable means of determining the question of real or apparent death. In real deal death the iris is in a state of complete flaccidity. This can be easily shown by synchronous compression of the globe of the eye in two opposite directions, when the pupil will readily assume an oval or irregular shape, whereas in cases of apparent death no ordiuary amount of compression in this manner will have the least effect in altering the usual circular form of the pupil. This sign is especially valuable because it is found before the cooling of the body, and before the supervention of rigor mortis. Mr. Joll states that the value of this sign was first pointed out by M. Ripault. (*British Med. Journal*, Sept. 25, 1880.)

The Physiological and Therapeutical Action of Berberin.—Curci has investigated the physiological and therapeutical action of Berberin, and reports the following conclusions as the result of his experiment:

1. Peripheral capillary circulation is obstructed after administration of the drug. This stoppage of the flow is not brought about by vascular contraction, but by coagu-

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lation of the blood in the capillary vessels. The thrombi thus formed are, however, readily swept away by the current of the blood.

2. The blood in the vessels becomes changed. The colored corpuscles diminish in size, assume a round shape, show nuclei, and appear granular. They seem to be surrounded by a pale rim.

3. Berberin stains the muscular fibres. The transverse striæ soon lose their color. The coloration of the longitudinal striæ is, however, very marked. Muscular contraction is the assumed cause of this phenomenon.

4. Connective tissue, the skins, and other structures are hardened by the drug. Suppuration does not take place. The hypodermic injection of Sulphate of Berberin produces irritation, pains, œdema and congestion. After some time the skin at the point of injection becomes hard and tense. Exuadation and thrombosis also occur.

5. Its action on the alimentary canal consists of: irritation of the mucosa, stimulation of peristaltic motion, increased secretion, improved digestive power, augmented tonicity, and general advance in the powers of resistance. (*Allg. Med. Central Zeitg.*, Sept. 29, 1880.)

Ladies' Sanitary Towels.—At a meeting of the Obstetrical Society of London, Wednesday, July 7, 1880, Dr. Gallabin presented for examination some new sanitary towels for use during the catamenia and after confinement. They contained a pad of absorbent cotton-wool, rendered antiseptic by Boracic acid, as being less irritating than other antiseptics. The advantages were that they could be burned after use, and so were especially valuable for the lying-in room, and that they were very soft and absorbent. The retail price was three shillings a dozen, and it was believed that the cost would not much exceed that of the washing of ordinary diapers, since they could be worn longer. (*British Med. Journal*, Aug. 7, 1880.)

Extra Puerperal Mastitis Caused by Psora.—Dr. Karst, of Kreuznach, reports a case of mastitis apparently due to the presence of the itch-insect about the mamma. He was called to see a woman with a mammary abscess, which he incised. In renewing the dressing he was told by the patient that for several weeks past she had greatly suffered from intolerable itching all over the body, and that she had attempted to relieve this irksome condition by continual scratching. A careful examination now revealed indications of the presence of scabies and excoriations, the latter especially numerous around the nipple. These excoriations had proved a source of infection, leading to suppuration. A similar case, occurring in the practice of a colleague, is also mentioned. (*Berlin. Klin. Woch.*, Aug. 9, 1880.)

Hypnotism.—Charcot has delivered a lecture on hypnotism, at the Salpetriere, demonstrating on a patient the essential features of this nervous state. He considers that hypnotism is a real pathological condition, precluding any possibility of simulation on the part of the persons experimented upon. Hystero-epileptics are most susceptible to the hypnotizing influences; it is merely sufficient to fix their attention for

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a brief period of time on some object in order to throw them into this morbid sleep. At this stage of hypnotism their neuro-muscular apparatus is in a state of over-excitability. By touching any nerve-trunk the muscles supplied by it are made to contract, and the spasm lasts as long as the nerve is acted upon. When this ceases the muscles relax. If the eyes of the patient are now opened, the preceding lethargy is replaced by the cataleptic condition, the limbs retaining any position given to them. Although the lethargy and catalepsy exclude each other, under certain circumstances they can co-exist. This occurs if only one eye is opened, when on one side is lethargy, and on the other catalepsy. During the hypnotic condition hemianæsthesia of all nerves occur. Persons may lose the sense of taste, smell, and hearing. The color-blindness is of a constant type. If the perception of only one color is lost, it is violet; if of two, they are violet and green. As long as the patient retains the perception of violet, there is no color-blindness. When the perception of a given color returns, it appears first at the periphery, extending gradually to the centre, which looks gray. These hemianæsthesiæ are temporary and frequently oscillating. (*Med. Record*, April 2, 1881, from *Gaz. des Hopitaux*, Feb. 8, 1881.)

MEDICAL MEMORANDA

EDITOR'S TABLE.

Dr. W. C. Jones has located at Blissfield, Mich.

Dr. H. Keeler has removed to 3423 Indiana avenue, Chicago.

Dr. J. T. Boyd has removed to 2132 Clark avenue, St. Louis, Mo.

Dr. J. E. Voak has removed from Bloomington, Ill., to St. Paul, Minn.

Dr. Louise Gerrard has removed to 54 West 23d street, New York City.

Dr. Amelia W. Stockwell has removed to Hillside avenue, Roxbury, Mass.

Dr. J. J. Navarro has returned to his former field of labor in Santiago de Cuba.

Messrs. Boericke & Tafel, Philadelphia, have removed to No. 1216 Girard avenue.

Dr. J. L. Cardozo has removed from Petersburg, Va., to 411 L street, Washington, D. C.

Dr. John Egts has removed from No. 402 Aaron street to 62 Bank street, Cleveland, Ohio.

Dr. F. E. Caldwell has removed from Fort Benton, Montana, to Nicollet island, Minneapolis, Minn.

Dr. W. E. Leonard, late of the house staff homœopathic hospital, Ward Island, has located at Minneapolis, Minn.

Dr. T. J. Patchen, of Topeka, Kan., is obliged to retire from practice, owing to poor health, and will return to his former home, Fond du Lac, Wis.

Dr. J. G. Gilchrist, of Detroit, Mich., has removed his office and residence to No. 66 Howard street, corner of Second, with office hours until 10 A. M., and 4 to 6 P. M.

DIED.—Dr. Isaac Ray, the distinguished alienist, on March 31st, in the 74th year of his age.

Dr. Ralph L. Parsons has opened at Greenmont, N. J., an institute for the treatment of mental and nervous diseases.

The number of graduates, for the year 1881, from the various medical colleges in this country will reach the respectable number of 3,000.

The late Thomas A. Scott has donated to the Jefferson Medical College $50,000, to the Orthopædic Hospital $30,000, to the Episcopal Hospital $20,000, all of which institutions are located in Philadelphia.

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The University Medical College of New York, last winter, was blessed with a class of 750 students.

The subject of healthfulness and value as a food of oleomargarine is becoming of more and more interest; there is put upon the market not only artificial butter but also artificial cheese, the latter composed mostly of lard.

Duke Charles of Bavaria, M.D., has recently discovered bacteria in the choroid coat of two eyeballs. There were no signs of decomposition in the eye, and every circumstance went to prove that they were due to ante-mortem organism.

Dr. W. E. Green, of Little Rock, Ark., has removed his office to his residence, south-west corner of Second and Center streets, and has associated with him his brother, Dr. F. P. Green, who will make a specialty of diseases of the eye and ear.

Dr. J. M. Barton states that four cases of trichinosis have recovered under large doses of glycerine. This treatment, which has been quite widely recommended is based on the fact that glycerine, applied to living trichinæ, at once shrivels them up and kills them.

Dr. Mosby says that the great use of coffee in France is supposed to have abated the prevalence of gravel. In the French colonies, where coffee is more used than in the English, as also in Turkey, where it is the principal beverage, not only gout but the gravel is scarcely known. (*Mass. Eclectic Med. Jour.*)

Dr. A. R. Barrett, of Richmond, Va., announces that he has associated with him Dr. George L. Stone, and will office at No. 100 Seventh street, corner of Franklin, where they will be happy to meet their friends both professionally and socially. Dr. Barrett's hours are from 8 to 10 A. M., and 2 to to 4 P. M.; Dr. Stone's from 11 A. M. to 1 and from 4 to 6 P. M.

The Fifth annual session of the Missouri Institute of Homœopathy will be held at Sweet Springs, Mo., August 3d and 4th, 1881. Members and their families will be entertained at $2.00 per day. It is expected that this meeting will be large and very interesting. Members of bureaus are urged to bestir themselves for this occasion. William D. Foster, general secretary, Kansas City, Mo.

Summary for the month of April, 1881, Arapahoe county hospital, Denver, Col.: Patients remaining from previous month, 82; admitted during April, 41; discharged, 53; died, 2; born, 0; total number treated, 123. Average daily attendance, 74.8; patients remaining, 68; death rate, .036. Death rate for March, .111, under old school. A. S. Everett, M.D., visiting physician; W. L. Brett, resident physician.

A parish priest of Sendomi, in the diocese of Lerida, Spain, has declared that the last absolution, extreme unction, and Christian burial will be refused to any parishioner who allows himself, or whose kindred allow him, to be treated by any but duly qualified medical practitioners. All who are treated homœopathically will be deprived of the rites of tke Roman Catholic Church, and treated as Moors or Jews. (*London Lancet.*)

Mr. Lawson Tait, of Birmingham, Eng., has performed hepatotomy three times recently, with perfect success. In one case there was a large cyst of the liver of unknown origin, and the other two cases were hydratid cysts. A case of nepherectomy in a child, with suppurating and cystic kidney, was performed recently at the Evelina Hospital, by Mr. Morrant Baker. The child was, at last accounts, doing well. The patient from whom Billroth removed a cancer of the pylorus, by excising part of the stomach, is reported to be nearly well. She takes food by the mouth without trouble.

WESTERN ACADEMY OF HOMŒOPATHY.—The Seventh annual convention assembled in Chicago, June 9th, at the Palmer House, Dr. C. H. Vilas, president, Dr. C. H. Goodman, secretary. Dr. A. E. Small delivered an address of welcome at the evening session. Officers elected: Dr. E. M. McAffee, Clinton, Iowa, president; Dr. A. S. Everett, Denver, Colorado, 1st vice-president; Dr. W. J. Hawkes, Chicago, 2d vice-president; Dr. R. L. Hill, Oakland, Cal., 3d vice-president; Dr. C. H. Goodman, St. Louis, Mo., secretary; Dr. G. W. Foote, Galesburg, Ill., treasurer; Drs. W. C. Barker, C. H. Vilas, J. H. Miller, T. C. Duncan and R. H. Baker, board of censors.

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JANESVILLE, WIS., July 18, 1881. Publisher of the MEDICAL COUNSELOR—*Dear Sir*:—In traveling through Iowa very recently, I stopped a portion of the day at Postville, a place of about one thousand inhabitants. The people there are very anxious to have a homœopathic physician. One who was there removed, I think, to St. Paul, wishing, I was told, to have more of a city practice. Told them I would try and get them a physician (homœopathic). * * * * If you know of a good physician wanting a location, please inform him of this place. For any further information address H. S. Humphrey, proprietor Commercial Hotel, Postville, Iowa.

Respectfully yours, *G. G. Chittenden.*

THE AMERICAN INSTITUTE OF HOMŒOPATHY.—The election of officers resulted as follows: Dr. W. L. Breyfogle, Louisville, Ky., president; Dr. B. W. James, Philadelphia, vice-president; Dr. J. C. Burgher, Pittsburg, Pa., general secretary; Dr. J. C. Guernsey, Philadelphia, corresponding secretary; Dr. E. M. Kellogg, New York, treasurer; Drs. F. R. McManus, Baltimore, Md., M. J. Chapman, Pittsburg, Pa., L. S. Ordway, Hot Springs, Ark., E. Reading, Hatboro, Pa., R. B. Rush, Salem, Ohio, board of censors. The names of Chautauqua Lake, Richmond, Va., and Omaha, Neb., were presented as places of meeting for the year 1882. It was finally determined by the institute to meet at Richmond, Va., on the first Tuesday of June, 1882. A full report of this meeting is contained in the *New York Medical Times.*

The Baltimore *Independent Practitioner* states that the faculty of one of the Baltimore colleges is "composed, in part, or in whole, of skeptical and immoral professors, who fear not God, nor regard the good wishes of christian parents for the moral welfare of their sons, but introduce into their lectures, ever and anon, obscene anecdotes and unchaste language, couched in unnecessary vulgar utterances; it tends to encourage immorality in the students, and to lower the dignity as well as to debase the sacredness of the medical profession." And we are inclined to think that "obscene anecdotes, unchaste language," etc., are heard in more than one medical college outside of Baltimore.

In the *Independent Practitioner*, of November, 1880, Dr. J. H. Converse says, a painless remedy for ingrowing toe-nail consists in wedging cotton under the free margin of the nail, placing over it a piece of adhesive plaster with a hole cut into it the size and shape of the nail to be removed; then moisten the end of a pencil of caustic silver and apply it to the part to be removed, taking care not to touch any other portion. The next day the nail will have assumed a black or brown appearance. Upon raising the nail it will be found to have become separated from the sub-adjacent tissue, and all that is required to complete the cure is to clip off the dead portion. (*N. Y. Med. Times*, April, 1881.)

We are in receipt, through the courtesy of Dr. E. S. Coburn, of the prospectus of vol. xvi. of the Homœopathic Medical Society of the State of New York. The volume will contain the transactions of this society for the years 1880 and 1881, and will be sold at the moderate price of $1.50 (paper binding) and $2.00 (cloth binding); it will be ready for delivery in April or May. We have in our library several older volumes of transactions of this society, and value them so highly that we can heartily urge our colleagues to send in their subscriptions. Of former issues, the Transactions for 1863 to 1872 inclusive, may be had for $1.00 each, and those of more recent sessions for $1.50 (cloth binding) to $1.75 each. Address Dr. Edward S. Coburn, 91 Fourth street, Troy, N. Y.

At the recent commencement of the Woman's Medical College, in Philadelphia, some interesting statistics were given regarding the success of women physicians in this country. Of 276 that had graduated in the past thirty years, 32 had died, 31 had given up their profession, 151 were then practicing. Of these, 77 were gynæcology, gynæcology and obstetrics, or gynæcology and general medicine; 15 practiced obstetric, or obstetrics and general medicine; 55 practiced general medicine, with more or less surgery; 3 practiced surgery; 144 claimed to have received ample social recognition; 7 had not received such. The incomes of 24 were between $1,000 and $2,000; of 20, between $2,000 and $3,000; of 10, between $4,000 and $5,000; of 3, between $5,000 and $15,000; of 4, between $15,000 and $20,000; of 10, less.

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than $1,000. The average income was $3,000. Sixty-six were members of medical societies; 51 were married after studying medicine, and 61 before. Of 50 who were married, 43 reported that the practice of medicine had no unfavorable effect upon their domestic life; with 6, the effect was not entirely favorable; with 1 it was unfavorable; 3 were prevented by practice from marrying; 5 gave up practice on account of marriage. (*Med. Record.*)

The Chicago Homœopathic College, in their preliminary announcement for session 1881–2, state that the Sixth annual course of lectures will be inaugurated in the new college building, corner of Wood and York streets, Wednesday evening, October 5, 1881. This magnificent building, now in course of erection, will, when completed, (Sept. 1st,) be the finest and largest college edifice in our school. It is situated directly opposite the great Cook County hospital, which is conceded to be one of the largest and best equipped hospitals in the world, and which furnishes, in its daily clinics, surgical operations and autopsies, unsurpassed to students. It is in the same block as Rush Medical College, the Woman's College, the Chicago Training School for Nurses, and in close proximity to the Foundling's Home and the Illinois State Eye and Ear Infirmary. It will contain two large lecture rooms, besides the great amphitheatre. The two dissecting rooms will be spacious, well lighted and airy. The chemical, physiological and microscopical laboratories, and the anatomical museum will, in the extent and thoroughness of their equipments, be unsurpassed by those of any medical college in this country. There will be six large clinic rooms, with separate waiting rooms for each, and one very large general waiting room for patients. In addition, college office, faculty rooms, library, general museum, large cloak and dressing rooms for ladies and gentlemen, etc.

The advantages offered to students by this college are: 1. A college building, the finest in our school, centrally located and convenient to all hospitals. 2. College dispensary and clinic rooms, in which over 3,000 prescriptions per month are made. 3. A graded course of teaching, thorough and extensive, by an experienced corps of professors, each an enthusiast in his particular department. 4. Sixteen clinical lectures per week: ten in the clinical amphitheatre of the college, and six in the Cook County hospital. 5. Facilities for practical laboratory and dissecting room work, unsurpassed by any medical institution. And, lastly, the number of medical institutions congregated together at this location, which makes this portion of Chicago the largest medical center in the United States. For the regular announcement or further information, address J. R. Kippax, M.D., corresponding secretary, 3154 Indiana avenue, Chicago, Ill.

At a meeting of the medical board of the Homœopathic Hospital, Ward's Island, N. Y., held June 2, 1881, the following preamble and resolutions were adopted:

WHEREAS, It has pleased the Divine Creator to remove from our midst, at the very outset of his career and in the first flush of his youthful hopes of professional success, Dr. C. W. Brantigam, and in view of the fact that in the performance of his duty to the sick, afflicted with typhus fever, he fell a victim to that malignant disease, at the hospital, while in active discharge of his duty as interne, to that institution; therefore, be it

Resolved, That the medical board of the Homœopathic Hospital, Ward's Island, has learned with profound sorrow, of the death of Dr. C. W. Brantigam.

Resolved, That it is a fitting occasion for the entire staff of the hospital to express its appreciation of the services of its interne; of his bravery, in the untiring attention to those suffering from the malignant disease from which he perished; and of the manliness and fortitude, which, to the end of his life, he exhibited, in the strict performance of his duty.

Resolved, That the sadness engendered by the death of one so young, must be combined with high admiration for the manner in which, with "his harness on," and in the *front* of the battle, he was suddenly summoned to the presence of his Maker.

Resolved, That these expressions of our estimation of his life, his character, and his noble death, be presented with the sincere sympathy of the medical board of the hospital, to his bereaved family and friends, and be published in the medical journals of the country. Attest: ALFRED K. HILLS, Secretary.

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THE

MEDICAL COUNSELOR

A MONTHLY JOURNAL DEVOTED TO THE BEST INTERESTS OF HOMŒOPATHY.

"Amicus Plato, amicus Socrates, sed magis amica veritas."

H. R. ARNDT, M.D.,
EDITOR.

The editor does not hold himself responsible for opinions expressed by contributors.
Articles for publication, books for review and exchanges must be addressed to Dr. H. R. Arndt, No. 62 Monroe street, Grand Rapids, Mich. Subscriptions, advertisements, etc., must be addressed to W. A. Chatterton, Nos. 83 and 85 Fifth Avenue, Chicago, Ill.

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EDITORIAL.

A FEW, brief months ago we were all hard at work making preparations for the meetings of our state societies and of such other medical organizations as we expected to attend. Now these meetings have passed into history, with all that pertains to them, their successes, their failures, their marks of solid progress and their evidences of decay, with their bits of hard labor and their undeniable proofs of inexcusable laziness, their works of thoughtfulness and wisdom, their results of shortsightedness and folly. The record of each meeting forms a chapter, of more or less interest, in the story of the year's work; an eloquent commentary upon the men and women who helped make the record. And as the years succeed each other in rapid flight, as the annals accumulate and become venerable from dust and old age,—who can turn back volume after volume without wishing that the beginning of his own life's story, with its doings and promises, had been more earnest, and the chapters toward the end of it had been richer in results achieved!

The various society meetings held in the different states have been usually interesting and successful; it is even believed, by some, that they have been more than usually profitable. All have had their papers and essays, long and short, borrowed from text-books, or original, as the case may be; all have had their president's addresses, congratulating the profession upon the unprecedented advances of the year just closed, and prophecying still greater things for the future; all have had the complimentary allusions to well-known rivals whenever opportunity offered, with a gnashing of teeth whenever said rival gave proof of unusual vitality and undue prosperity; all have had their little feuds and petty annoyances, their tiresome banquets

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with well-known stereotyped toasts drunk to cold water, and their well-worn disconnected talks, by uncommon courtesy called "replies"; all have had their pleasant greetings from friends—the few friends whom we can trust—and their sad moments when a hurried "farewell" was the order of the day, just before we returned to the duties of every day life.

One more thing these societies have had in common: They could have been, and should have been, made infinitely more interesting and profitable than they were made. How could this have been accomplished? We will make a few suggestions:

We are inclined to think that, first of all, the time of the societies should be economized. Physicians do not usually go to these meetings to recreate, except in so far as a "change of occupation is rest," if we may use Father Hering's form of speech; if they do, they will surely stay away from the sessions of the society. Nine men out of ten attend these meetings for the sake of learning something new, of adding, practically, to their fitness and strength. In many instances a great sacrifice, both in time and money, is made to attend these meetings. Such men, and they constitute the bulk of the profession, want no waste of time; they cannot afford it. A favorite means of killing time is the ancient "banquet," a very parody on the entertainment originally meant by this term.

We do not by any means desire to create an impression that we are opposed to indulgence in the pleasures of the table or in a friendly chat, or that we cannot appreciate a ready flow of wit or of eloquence; there is no danger of finding any of these at the banquet, so-called, of an average state society. The banquet itself is apt to be made up of food rather inferior to the food we have at our own homes, the toasts are usually stale (such as: to the memory of Hahnemann; the ladies, God bless them!; our veteran members; our sister societies; our literature; the press, etc., etc., *ad nauseam*), and the desperate attempts at eloquence and wit by the gentlemen upon whom devolves the duty of responding are simply amusing; surely, human ingenuity might devise other means of passing time pleasantly, if pleasant pastime be an object.

This waste of time is really a most important matter. If a society continues in session for three days, the force of *this* objection is lessened. Unfortunately, few state societies have at their disposal so much time, but they are obliged to hurry through the programme within two days, giving them about five sessions. If one of these sessions is lost because a banquet is to be had, it makes very serious inroads upon the chances for a successful gathering, and if another session is ruined, as for instance by extending to the members polite invitations to visit places of amusement or to take drives, an immediate adjournment might not be out of place.

And some one must pay for the banquet. Who shall do so? The resident physicians, for usually they assume the *role* of the host. Is that just? Is it sensible? Can they afford it? Not always. In large cities, to be sure, we are likely to find a few well-to-do doctors; but even there self-respect will induce poor men to assume a share of the burden, and thus money is spent which should have been used for other purposes. Let the majority of members decide whether or not they wish to have a banquet; let them make arrangements which will not interfere with the work of the society; and if a banquet is had, let it be a *banquet*, with choice food, plenty of flowers and graceful ornaments for table and banquet-hall, let there be music to enliven the hours, and, for the sake of long-suffering humanity, let them

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appoint some committee to manufacture a new set of toasts and responses; but, above everything else, let the gentlemen who partake of the banquet share equally in the expense of the occasion!

And then, we think our bureau-work should be arranged differently. Think of the number of bureaus on the programme of a common state society! It makes the programme look well, but it does not help the society! Why have a bureau on "Insanity" in societies where not one member has practical experience in the treatment of this malady, and where the sessions are so closely taken up that the report is never read, or that other bureaus are shamefully curtailed? Why have a bureau of eight or ten members on "Surgery" in a state which cannot boast of more than one or two good surgeons, and the profession of which takes a practical interest only in minor surgery? Would it not be infinitely wiser, under such circumstances, to limit such a bureau to two or three members? Why, indeed, have full bureaus on "Specialties," so long as either the specialist or the general practitioner must be on nettles while the report is being read?

Of course, in our National Society, even in the Western Academy of Homœopathy, such bureaus are indispensable; but state societies, it seems to us, in order to get the most good from their annual meetings, should carefully arrange the number of their bureaus, not for the sake of display on the programme, but for the sake of giving to their members that information which they can best and quickest utilize in their daily avocation. Each state society, in this respect, must be a law unto itself.

Another point of no small importance is the insufficiency of discussions which follow the papers of the different bureaus. This, as programmes usually are arranged (i. e., about fifteen bureaus during five sessions, one of which is given to business matters), is utterly unavoidable. The legitimate result is, that little time is given to the preparation of papers which are foreordained to be read hastily and then referred to the publishing committee. This is as much of an injury to the society, as it is an insult to the author of any paper which involves a reasonable degree of labor in its preparation to dispose of him in the manner indicated.

To members who are really anxious to derive benefit from these annual gatherings the loss of full and free discussions is an important item; the papers, it is always presumed, will be printed, sooner or later, in journals or in "Transactions," while valuable suggestions and practical comments which were expected and which should have been made, are lost forever!

The difficulty of finding time for discussion of topics presented, and the loss resulting from suppressing such discussions, is being felt seriously not only in the various state societies but also in the American Institute of Homœopathy. The time will undoubtedly come soon when authors of papers will be required to furnish to the secretary a synopsis of their paper, to be printed and duly distributed among the members, thus enabling them to have an intelligent and profitable discussion of the subjects presented by the different bureaus, while the complete papers are quietly handed to the proper committee, to appear in due time and in proper form in the printed transactions. The American Institute will soon be forced to adopt this plan, and we see no good reason why state societies should not follow suit at an early day.

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DRUG FORCE AND THERAPEUTICS.

J. G. GILCHRIST, M.D., DETROIT, MICH.

Read at the January meeting of the College of Physicians and Surgeons of Michigan.

Having on two occasions discussed the questions of the forces of life, and the modifications of the same in disease, we come, in logical sequence, to the final and crowning question, What are the agencies to be employed to overcome morbid action, and how are they to be utilized.

All schools of legitimate medical practice, excluding the spiritualists of to-day, and the necromancers and astrologers of the past, employ agents receiving the generic name of drugs, composed of simple and compound articles, and in varying forms of strength. The word "drug," primitively from the Latin, means simply "dry," and has particular reference to herbs. Colloquially it is used to represent all agencies used in the treatment of disease, particularly such as are administered internally. The word "medicine," a French word derived from the Latin "medicus," signifying, anything pertaining to the art of healing, in the way of application, or substances administered, is a far more comprehensive word, and preferable in every way. The word "drug," or for that matter "medicine," if rigidly used, according to strict etymology, is objectionable to the homœopath, as it infers some virtue or property in the *material* of the agent. The first question to be solved is, therefore, what *is* drug force. Recognizing the fact that diseases originate on the atomic plane, it is a necessary conclusion that they must be opposed on the same plane, it being a logical necessity that causes, and not effects, are to be the point of attack, the effect usually ceasing upon the removal of the cause.

Numerous experiments by eminent physiologists have been made, with a view to detect the loss in weight and bulk of medicinal substances during their passage through the body. Mercury, Quinine, and other material, has been given in known quantities, the excreta collected, even the clothing treated for invisible exhalations, and every atom, as far as finite tests were concerned, has been recovered. The body receiving the agent developed the usual pathognomic symptoms, continuing long after the complete elimination of the

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drug, and yet every particle of the drug was recovered from the body with no loss of substance, or any recognizable loss or deterioration whatever. What set these morbid operations in motion? Why, the drug, it will be answered. Very well; what keeps up this morbid action, often through life, after *all* the drug has been recovered? The materialist cannot answer. Can the vitalist? Yes, approximately.

A man may take a cupful of metallic Mercury, and there will rarely be any impression made upon the organism, beyond a purely mechanical one, which ceases as soon as the weight of the metal has carried it through the alimentary canal. Take this same Mercury, and triturate it in a mortar with some inocuous vehicle, as honey, or sugar of milk; triturate it until it becomes a floury granular mass, with no physical characters of Mercury about it.. Who will take a single grain of it now? Yet what change has it undergone? None, beyond a molecular division, and a liberation or development of force. This, therefore, to use but a single and homely illustration, is the secret of drug action; not an effect from physical contact of material agents, but the action of force upon disordered motion in the atomic elements of morbid action. All the more potent poisons in nature, the venom of serpents, of rabid animals, of venereal contagion, of variola, of measles, of scarlatina, and a long catalogue unnecessary to mention, are developed by the operations of forces incapable of detection, only to be recognized when witnessing the effects. To attempt to discredit this to-day, is to ask the annihilation of the experience of homœopathy for one hundred years. Where is the virtue, as a remedial agent, in gold, tin, zinc, vegetable charcoal, lycopodium, argillaceous clay, and hundreds of others, in the crude mass? They are one and all utterly inocuous, until the force peculiar to them is liberated from the crude mass in which it is imprisoned. Drug action, is drug force; force is a mode of motion. Disease is a mode of motion; disease is a force. The cure of disease, therefore, must be secured by opposing one force to another force, and the only question that the physician has to determine is, of what character shall this force be, as related to the disease, like or unlike; homœopathic, or antipathic. It should be sufficient to point to the history of homœopathy for an answer, but unhappily there are many reasons why a careful argument should be made, the

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faults of our brethren, both sins of omission and commission, too often render the comparison a dangerous one.

We will attempt, therefore, to present old facts in a new light, and endeavor to show the logical basis of homœopathic therapeutics, albeit the discussion is as old as our era. I shall have nothing to say of topical or local treatment, dear to the heart of many of our confreres, deeming it to indicate professional demoralization, when used for purely therapeutic purposes, be it remembered, at least, until such time as the teachers of such practice drop the *ipse dixit*, and tell us what the change is, and how produced, that converts an excreting surface into an absorbing one. I do not say that the problem cannot be solved, or that it is beyond my own powers, but it is not incumbent upon me to attempt to prove what might well be considered a physiological absurdity.

To return to our subject. Drug action, we will concede is a manifestation of force. If one force is to be opposed to another, should not the neutralizing force be the absolute antithesis of the other? In the laboratory, yes; in the human body, no! In the chemist's laboratory the union of elementary forces will produce certain, unvarying, definite results. In the human laboratory, another factor becomes prominent, viz.: vital energy. The experiments of the chemist's laboratory are necessarily unsafe bases for vital operations, as the former lack one element of prime importance in the latter.

A drug is a poison in that it is capable, when introduced into the vital economy, of disordering the operations of life. What is the immediate effect on the living organism of the introduction of these disturbing forces? Twofold. The laws of action and reaction, potent in the whole realm of physical science, are equally potent here. The drug developes a primary, or drug action, an action specific in its character. The vital forces react against this primary effect, and a secondary group of symptoms are developed, vital in character, and carried out to a legitimate conclusion, entirely independently of the original drug action. It is not necessary to debate this, as it is nowhere denied. Now, the primary action is temporary, because it is the action of forces external, and foreign to those of the body upon which the impression is made, but may at once destroy life from the vigor of their impression, or more slowly from

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organic lesions to the centers of vital energy, which cannot be recovered from except under peculiar and favorable circumstances. The secondary action is *permanent*, because it is a normal development of life forces designed to protect the economy from just such disturbing exhibitions of extrinsic force. The tendency of vital force being towards a maintenance of life and health, it is the restoration of this action that the physician seeks to secure, and will rationally seek it by administering drugs whose known primary influence is in the direction of the morbid action under observation.

The question of dose must come in here. If we administer a large dose, we commit a double error. First, we act upon the implied supposition that we are addressing our remedy to an organic expression of morbid action, and are so far unscientific. Second, we run a risk of producing such a profound impression on the centers of vital energy, that a serious or even fatal aggravation may ensue, and we have so far acted unphilosophically. Either horn of the dilemma must teach the observant man that his dose *must* be be the minimum, that is the smallest compatible with the object in view, viz.: the excitation of natural reactionary effort. Whether this dose is to be drop doses of the pure tincture, or single pellets of the millionth, is a matter to be settled solely by the experience of the physician at the time, which very often is dependent upon the power of the individual to correctly interpret his experiences. The smaller the dose, the more transient the primary stimulus; hence a large dose requires a longer time to develop the reactionary effect, in addition to the greater danger of extinguishing life by the intensity of the primary effect.

Drug action, in common with every other mode of motion, has a single effect as a result; in other words, it impresses a single pathognomic stamp on the organism, but from this branch out numerous correlative conditions, naturally sequences to the original impressions, as certain notes in a chord in music originate in a dominant key. Each remedy, therefore, has a key note, or governing characteristic. Suppose it is vaso-motor irritation, the sole effect of the primary force will be to cause capillary contraction. Here the effect of the external ceases, but the vital force now responds, and sets up the capillary dilatation, promptly or otherwise in proportion to the energy of the primary force. To discover this key is a problem for

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the solution of the therapeutist, but it must not be sought for entirely in the subjective phenomena, except so far as these phenomena represent known pathological states. Our knowledge of pathology, in its wide application, is too limited and elementary to warrant the hope that any degree of perfection will be attained in the present generation. Our knowledge of typhoid fever, for instance, is so inadequate, that whilst we know some of the main expressions, we have no idea of where the morbid state commences. So nearly all through the catalogue of diseases.

This brings us to the concluding topic in this long, and I greatly fear wearisome series of papers, viz.: the application of the principles laid down in actual practice. If not recognized in the commencement, the student cannot proceed very far before he discovers that the simplicity of the theory bears no relation to the difficulties of the practice. Not that the two are irreconcilable or antagonistic for without the theory, practice, *intelligent* practice, is impossible. In old-school practice, the difficulty seems to be in the utterly illogical nature of their methods. They admit all the facts in physical science, as we do, but when they are brought face to face with what they admit to be a mere exhibition of force, they attack a *disease*, an entity, something tangible that must be routed by means of massive and powerful material agencies. They act as a bird-catcher would, who undertook to capture humming-birds with grape and cannister. As some one has said, "He kills his birds, but where are they?"

The homœopath finds his difficulty in his wealth of resources, and in a decidedly unscientific method of arrangement. A hasty survey of our materia medica literature, nothing complete being found in any one work, will appall the honest practitioner. A survey of the arrangement there presented, will not relieve his apprehension. Conceding the bulk to be an obstacle that can never be overcome, but must continually increase in potency, let us inquire if there is any hope of bringing the chaotic mass into form, and rendering it simpler in construction, and correspondingly more useful.

The first fault in our present materia medica arrangement, is in the anatomical rubrical method, instituted by Hahnemann. This method would naturally commend itself to one writing in that age, the relation of symptoms not being well understood. Each subjec-

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tive sensation was supposed to stand alone, in direct relation to the primary action of the drug. In comparing the various provings, as shown in the original record books, it will be at once perceived that when a number of persons proved one remedy the leading symptoms were developed in a certain order. The minor ones were not observed in all. With our present knowledge of morbid action we cannot carry out these leading indications to a legitimate conclusion, in all cases; but occasionally a remedy is found where we can prognosticate a conclusion from the manner of commencement, and it is with these remedies that we are most successful. Now a proving has never been pushed to the production of a tumor, or to positive disorganization of tissue, unless accidentally, now and then, in cases of poisoning. We should be able to so interpret symptoms that we could tell from the order and progression of provings, in their constant features, in what they would result if pushed to their utmost. In some cases this is known. Thus, Baryta carb. will terminate in glandular and fatty tumors, one often being a later development of the other; silicea in caries, as to the bones, and deep ulcers in soft parts, and so with other remedies. Still, we are not enabled to foresee these conclusions from the earliest symptoms. Would a different arrangement of the materia medica render this more certain? Unquestionably. Thus suppose our provers' day-books were published with sole reference to the regular order of the symptoms, as they occurred and succeeded each other in the majority of the provers, we would see that the first impression was the same in each, and that from this one symptom after another appeared in undeviating order. In Allen's ponderous Encyclopædia, the symptoms are marked with this view, as occurring at such and such an hour, but it is impossible to get a connected picture from the confusion of symptoms as put down under the rubical heads. This is the first *desiderata*, therefore, to give us a history of the development of the proving, in which tissue commencing, and the direction of development. Hughes and others have attempted this, but the want of *re*-proving makes these efforts only partially successful. We find the *first* duty of our materia medica men to *re*-prove our remedies.

The second obstacle, is in the frequent misuse of terms occurring in our earlier proving. The provings were made often by ignorant men, ignorant of medical science, and as pains were taken to record

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the results in their own language, a wrong expression often misleads. Thus no distinction is made between hyperæmia, irritation, or inflammation. None between neuralgia and neuritis. Necrosis and caries are used synonymously. Paralysis, muscular contraction, and anchylosis are all included under the general term immobility. And so in a dozen other instances. A pain is located vaguely in the præcordia, the vertex, or occiput, without stating what particular organ, tissue, or part is involved. Such looseness must always be fatal to scientific accuracy, and deprives our otherwise magnificent labors of a truly scientific character. The defect is very largely corrected in the gradually increasing number of clinical symptoms that have been verified, but, unfortunately, the great work of Allen does not indicate them, and the value of the book is lessened thereby. The profession is alive to this serious deficiency, and are remedying it as fast as possible, but those interested in materia medica work in our society should lend their aid in re-proving our remedies as the most imperative duty that can be imposed upon them.

The effect of improvement in the two particulars noted, would not be to increase the size of our materia medica; quite the reverse. A single pathological lesion is followed by a certain group of what might be called sub- or collateral lesions. Nature loves system and order, and even morbid action, while not a natural operation, in a strict sense, is almost undeviatingly orderly. Given the initial lesion, in many instances, and the sequelæ or results will be easily foretold. So with drug action, state accurately the commencement of the pathogenesis, where it originates and how, with reference to the tissue, and it would not be long before we could sum up the sphere of action and the order of symptoms in lines where we now require pages. Then we will treat pathological *states*, not the conglomeration we *now* call pathology, which is scarcely less unwieldy and contradictory than the materia medica itself.

Another error in our materia medica, or rather in the methods employed to utilize it, is in the necessity we experience to secure totality of symptoms, without any real correspondence between the symptoms as elicited and the pathogenesis. The difficulty has long been in a misapprehension of the meaning of the word. The rigidly Hahnemannian practitioners, falsely so-called, rely more upon the subjective phenomena than anything else. They conceive a "total-

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ity" to consist in noting down every symptom the patient can recall, or invent, very often—and find a remedy that has the most of them. As one so-called "good prescriber" does, put the symptoms down in tabular form, and number them from one to the end. If there are fourteen, and one remedy has nine, and another eleven, the last is *the* remedy because it has more of the fourteen than the other. He takes no note of the tissue similarity, nothing but the arithmetical proportion between the remedies more or less indicated. I have known him to exclude a remedy with twelve symptoms, in favor of one that had thirteen, simply because the last had a symptom observed in a woman, which was the sex of his patient, even when there was no sexual peculiarity in the case. Now this is not "totality" in a broad sense. In surgical practice it has long been a cardinal principle to exclude subjective symptoms that could not be verified by objective manifestations, wherever it is possible to do so. The objective symptoms are not only those which the surgeon can *see*, but all that he can interrogate, without the aid of the patient, by his own senses. Thus the revelations of the ophthalmoscope, the stethoscope, the clinical thermometer, the various speculæ of different kinds, not forgetting the pulse, and the general physical appearance of the subject, combine to make up the objective group. In renal or vesical conditions, no man can claim the presence of the totality, until he has chemically examined the urine, and submitted the sedimentary portions to the microscope. So with tumors; no diagnosis is complete until the microscope is made a witness. Now until very recently, what would such an examination have availed us in the selection of a remedy? We would have a perfect diagnosis, but the materia medica would help but little in the selection of the remedy, unless we were sufficiently skilled in its use to detect the meaning of some of the disjointed symptoms; symptoms very often utterly divorced from all related phenomena, in their record, because their correlative must go under a different anatomical heading.

With this state of facts, what are our individual duties, and what will be the materia medica of the future? We cannot *all* be students of materia medica! Let each develop the field that has the greatest attraction for him, and for which he is best fitted. The materia medica students owe a duty to the profession that they must not be permitted to neglect. They *must* re-prove our materia med-

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ica, bringing to the proving of each case all that modern science affords. The provings must be made in the laboratory; pulse and thermic charts must be made. Urinalysis carefully noted. Sphygmographic tracings preserved; the microscope and ophthalmoscope must enter into the study of each case. It will soon appear that our symptoms will be reduced in number, because the intelligent physician will at once see the natural result from a known beginning, and a plain order of development. The text-books, to a considerable extent, will be pictographic, and charts and accurate knowledge will take the place of misplaced words, and fanciful sensations often hysterical in character, or even worse than this, positive wilful frauds. What has been done with Silicea, Helonias, Plumbum, the Mercuries, and Aconite, will be done with all, and we will have a *scientific* materia medica brought within attainable and useful limits, and capable of systematic study. We will not look for "red or yellow sand in the urine," but will go to oxidants and sub-oxidants to find which gives excessive elimination of oxalic or uric acid, and whether it is due to primary or secondary lesions. Our list of remedies is large, it is admitted, but there is not one, with the exception of the so-called "nosodes"—that could be dropped. We need them *all*, but we need them to be made available. How this is to be done is a subject for debate; we may have differing views of the means to be employed to reach the desired end, but the plan proposed is that which seems at present most possible. The students of materia medica have this task committed to them, and the profession have a right to demand of them a careful consideration of the question.

A CASE OF PLACENTA PRÆVIA.

E. B. RANKIN, M.D., SAN ANTONIO, TEX.

While practicing in Winnetka, Ill., it was my misfortune to meet with the following trying case, and if any of your many readers will give me some advice in regard to it, it may help me should I meet with another similar one.

On the morning of October 17, 1880, I was called to see Mrs. LeM., aged thirty-seven, small, thin, nervous temperament; preg-

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nant for the fourth time. She was in the ninth month of her pregnancy, and the immediate demand for my services was caused by a sudden though slight hæmorrhage, accompanying the pains of the first stage of labor. Mistrusting the cause, I hastened to her house immediately. Upon examination, I found the uterus high up in the pelvic cavity, scarcely within reach of the index finger. The vagina was narrow and the os uteri thin, rigid and slightly dilated. A soft, spongy mass could be felt just within the os, which I diagnosed as the placenta centrally attached. Realizing at once the condition, I informed her husband and family of her critical situation, at the same time assuring them that everything would be done for her relief that was known to medical science.

This being my first case of complete presentation of the placenta, I was naturally anxious, and telegraphed to my friend, Dr. M. C. Bragdon, of Evanston, to meet me in consultation. The patient was in any but a favorable condition to stand the shock of an operation; and the draft upon her vitality which the hæmorrhage had already began to cause, was very great. She was exsanguinated, overworked, and frightened, and in spite of all my encouragement, insisted from the very beginning that she was going to die, and that all efforts to save her would be of no avail.

As she was losing considerable blood, and had prospects of losing much more, I placed her upon China 3x,—the remedy best suited, in my judgment, for her condition at the time. Dose every ten minutes. The pulse was rapid, 120, small, wiry and irregular. Had been subject to "sinking spells" quite often during the last three months of her pregnancy, and once, when about seven months along, I was called to prescribe for a condition similar to acute mania. Found her wandering about the house talking incoherently and seemingly unconscious of her surroundings. Constantly complained of her head. These symptoms readily yielded to Belladonna 3x, and did not return. After this she was comparatively comfortable up to the time of her lying-in.

A second examination revealed a slight increase in the dilatation of the os. I could sweep my finger around its inner surface. Of course, with each pain the placental surface was torn and greater bleeding surface presented. The hæmorrhage was increasing *with* the pain, a diagnostic sign of this condition.

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In about thirty minutes after my second examination, I thoroughly lubricated my hand, and slowly passed it into the vagina. This was no easy work as the parts were rigid and dry. Upon reaching the os, I found it about the size of half a dollar, and was able to dilate it by gently sweeping my finger between it and the presenting placenta. Soon I was able to enter the womb and discover the position of the child. It was in the first position, occiput in the left sacro-illiac fossa.

I then tried the method recommended so highly by Dr. Guernsey, that of passing a catheter through the placental mass into the membranes and drawing off the liquor amnii gradually. The idea being to bring the presenting part to engage, and thus make constant pressure upon the placenta. The danger here is the too sudden emptying of the uterus, thus producing collapse. In this operation I utterly failed and after patient trial I abandoned it. The instrument would invariably fill up with blood, thus impeding the flow of the ammotic fluid; others claimed to have succeeded with this method, and it may be that I did not perform the operation correctly. The uterine pains were increasing steadily, and the hæmorrhage was becoming serious. I decided upon podalic version as my only hope and immediately proceeded to accomplish it in the usual way. Taking advantage of the pains, and working with them, I succeeded in bringing down the feet and engaging the trunk in the pelvis, pushing the placenta to the right side. The hæmorrhage was now seemingly checked, temporarily, and, as is often the case, the pains disappeared for some time—I should say, half an hour. However, I concluded to wait and see if nature would not finish the labor unaided. After half an hour my patient began to faint, and did so several times within the next ten minutes. The womb was perfectly inactive during this time.

My counsel failing to come, I saw that I would have the whole responsibility of the case. I prescribed Caulophyllum tincture, in water, every five minutes, and proceeded to complete the delivery, this, to my mind, being the only thing to be done, even at the risk of collapse, for she certainly was sinking fast as it was.

During the delivery of the head there were several uterine contractions. The child, a well-developed boy, was still-born, from the continued pressure upon the umbilical cord, and all efforts to revive

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it failed. I must confess that I did not spend very much time upon the child, my fears for the mother being so great.

I found the placenta nearly detached and removed it easily. For a few minutes she seemed to rally. China 3x was then given every three minutes, but she soon began to sink, and in fifteen minutes from the delivery of the child she was dead. The hæmorrhage after the delivery of the child was very slight, the patient having become exsanguinated before she was delivered.

While practicing the old-school of medicine, I have seen cases treated in the so-called "scientific" way with cold applications, ergot, etc., and with no better result than in my own case. If some one of riper experience will advise me of a better way to treat these cases, it will be a favor not only to me but to my patients.

THE ÆTIOLOGY, PATHOGENESIS AND THERAPY OF CHLOROSIS.

DR. ZANDER.

Translated from the German for the COUNSELOR by S. LILIENTHAL, M.D., New York.

Though it cannot be denied that the essence of chlorosis consists principally in a deficient formation of the red blood corpuscles quantitatively as well as qualitatively, and that this morbid state may be improved by increased absorption of iron, still Ferrum cannot be considered the sole remedy for chlorosis. It is not only the blood corpuscles which show an abnormal state, but the entire nutrition, and especially the formation of muscular substance, is insufficient. We see daily that the chlorotic state, especially of young girls, improves only so long as we overload the body with ferruginous preparations, so that from this superabundance large quantity is absorbed and used up in the formation of hæmogloblin, but with its cessation the old state generally retires. But this abuse of ferruginous preparations disturbs digestion, and, in consequence thereof, the assimilation of albuminates.

Let us consider the question of iron in the blood, and we find it so trifling, notwithstanding its importance, that in 100 parts of dry hæmogloblin-substance are only 0.46 parts iron; (Rollet, Physiology of the

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Blood; Herrmann, Physiologie, iv., 43). Breast milk and cows' milk contains more iron than the body needs for its growth. Considering the tables found in the text-book of Kœnig (Nutriments and Eatables for Men, page 589), we also find that most of our food contains iron in considerable quantity, and every water we drink contains it also more or less. I examined more than three hundred springs, and found in each of them iron. If these chlorotic women become chlorotic because they do not receive iron enough in their food, the chemical examination of the excrements and of the urine of chlorotic women, especially of the former, should prove it convincingly. This I have faithfully done in more than thirty cases, and found in all the quantity of iron considerably diminished, in some cases nearly one-third, and still the urine as well as the excrements of such patients contained iron, so that we were forced to the conclusion, that the absorption of the iron is deficient in consequence of the deficient action of the second factor of digestion, the natural juices of digestion, the pepsine and the Muriatic acid, especially the latter, which has the power to cause the absorption of iron in solution. Manassein (Virchow's Archiv., lv.) showed by experiments on animals, that the formation of Muriatic acid is considerably diminished and inhibited by febrile and anæmic processes. Not alone the absorption of iron, but also that of the albuminates, is insufficient, perhaps from deficiency of it in the food taken.

Hence the therapy of chlorosis needs remodelling. We need not only find out all debilitating influences, be they of physical or material nature, but we must direct our attention also to the cause which presents the formation of a sufficient quantity of Muriatic acid in the stomach. In an essay on rachitis (A. M. C. Z., 14, 1881,) I have shown that this is caused by an abnormal composition in the different parts of the ashes of milk, and we do well in chlorosis if we examine the food in relation to the quantity of Potash and Soda they contain, and also to Phosphoric acid and Chloral. Our duty is to give to the stomach what it needs and what it is unable to produce in sufficient quantity: the Muriatic acid, and by such treatment I succeeded far better in curing my chlorotic patients than with the former iron-treatment. Such patients show a decided taste for vinegar and piquant things in order to stir up the activity of the stomach, and they like to take our acid; yea, sometimes in larger doses

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than necessary. They soon feel its beneficial action; the sensation of fullness, heaviness and sensitiveness of the stomach passes off, appetite increases, and the color of the skin and mucous membranes improves. I prescribe Muriatic acid, 2 to 4 gramms in 200 gramms water, one-half tablespoonful fifteen minutes after eating, supposing that the contents of the stomach still more dilute the Muriatic acid. In severe cases of chlorosis, Pepsinum 0.25 per dose, may be added. Nothing was changed in the diet and mode of living of my patients, only where abnormal relations existed, they were ordered to be changed, and they were warned not to become tired and not to touch vinegar and piquant food. Relapses will happen, especially during menstruation, but quiet and the steady use of the Muriatic acid tide us over the trouble. In fact, Muriatic acid, as a remedy, is not esteemed highly enough. With pepsine it is the chief ingredient of gastric digestion, iron and albuminates are thus more easily absorbed, and where sufficient, even less digestible food is more easily made useful to the organism. If we wish to give iron, such food should be given which contains it more or less; i. e., animal food. (All. Med. Centr. Zeit., xliii., 1881.)

Bartholow (Practice of Medicine, 219,) remarks, that the type of constitution which is transmitted in chlorosis, is distinctly of lowered vitality—"the gelatinous descendants of albuminous parents." Whether Hammond is right, who maintains that it is an affection of the nervous system and that the blood-changes are secondary, or Virchow who considers abnormalties in the vascular system—a narrowness of the aorta and external system—as the chief factor, is left for others to decide. Characteristic symptoms of chlorosis are: A change of feelings, moroseness, capriciousness; menorrhœa or menorrhagia; pallid, waxy, puffy skin and mucous membrane; strong feeling of fatigue, every muscular effort causes exhaustion, and brings on difficult breathing and a sense of oppression; capricious appetite; cardialgia (gastric ulcer).

Hahnemann (Chronic Dis., iv., 242,) gives us, under Muriatic acid, aversion to meat; distention and repletion of the abdomen; abdominal spasms; sad, taciturn and dissatisfied with her lot, especially during menses; weary and peevish; vertigo in open air; aversion to all food, especially to meat; excessive craving for drink; contrac-

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tive pain in the stomach; empty feeling in stomach, not going off by eating; burning and throbbing at a small place on the left side near the pit of the stomach; frequent desire to urinate, and passes much more urine than correspond to the quantity of drink he has taken; feeling of lassitude when walking or standing; restless, disturbed sleep; constant chilliness; every third pulsation is missing.

A CHAPTER OF HISTORY.

One of the most important actions at the recent session of the American Medical Association, was the adoption of an amendment to the code of ethics, which is intended to prevent, as far as possible, the teaching of students whose purpose it is to practice what is termed the irregular system of medicine. An amendment was reported to the association which reads:

"Action on amendment to code of ethics, article one, paragraph one, add: 'And hence it is considered derogatory to the interests of the public, and honor of the profession, for any physician or teacher to aid in any way the medical teaching or graduation of persons, knowing them to be supporters and intended practitioners of some irregular and exclusive system of medicine.'"

This was vigorously opposed by Dr. E. P. Dunster, one of the professors in the (Ann Arbor) Michigan University, who said it was well understood that it was aimed at the homœopathic and eclectic systems. The fight against the irregulars had been made in Michigan and other northwestern states, and failed. He favored a broad independence. Dr. N. S. Davis, of Chicago, made a bold speech before the association in favor of the amendment, and was outspoken against the irregulars and their systems. The matter was postponed for a day, when, on motion of Dr. Billings, of the United States army, a substitute for the amendment above quoted was adopted as a compromise. This provides that it is not in accord with the interests or honor of the profession that any physician or medical teacher should examine or sign diplomas or certificates of proficiency for, or be specially concerned with, the graduation of persons whom they

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have good reasons to believe intend to practice any of the irregular systems of medicine. Dr. Dunster, of Ann Arbor, who appeared as the champion of the opponents of the amendment, expresses the belief that this action of the association will be inoperative, and cannot amount to anything.

It is doubtless especially aimed at the northwest, where there are so many homœopathic schools. Those who oppose the change say that they will make the fight over again at the next meeting of the association at St. Paul next year.—*Exchange.*

A DOG-TICK IN A CHILD'S EAR.*

The following case may serve as a reminder to physicians of a class of cases that is sometimes overlooked in treating young children.

On the afternoon of April 22d, the wife of one of our editors called at my office for consultation in regard to her child. The boy was fourteen months old, and had been exceedingly cross and fretful for the last ten months. He was well developed and apparently healthy, except a wearied, worn expression of the countenance. He had not contracted any of the "children's diseases" and had never furnished occasion for the employment of a physician. During the period stated, he was so fretful that his mother got no real rest day or night. To appease his crying, the mother had fallen into the habit of allowing the child to nurse, even as often as every five or ten minutes. He scarcely ever slept more than an hour at a time—generally not more than fifteen minutes. He was well fed and clothed, tenderly cared for—and occasionally spanked—but withal he was a very cross baby.

There were no indications of colic or, strange to say, digestive trouble. The periodical eruption of teeth did not seem to aggravate the case. The fact was elicited that he frequently put his hands to his ears, especially the right, and that he would at times bore the ear with his finger. No pathological cause of earache was apparent.

*Unfortunately we have misplaced the letter which accompanied this report, and are not able to give the name of the writer.—ED.

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Attempting an examination with the otoscope I found the meatus of the right ear entirely closed with scabby debris, so that any view beyond was wholly impossible. The left ear was found normal. The evidences of ulceration in the right meatus led me to prescribe the Glycerole of Hydrastis, locally twice a day, for the double purpose of removing the scab and healing any ulcerated tissue that might cause the accumulation.

On the 24th, I was called to treat a diarrhœa that, for the first time, appeared on the eruption of the lower cuspids. Chamomilla promptly removed this complication. Not having the speculum with me, I was unable to examine the ear minutely, but observed the disappearance of the crust.

The diarrhœa was renewed again on the 26th, but Chamomilla again controlled it. The Glycerole of Hydrastis seemed to be exerting a healing influence, and I ordered it to be continued, and the child brought to the office for examination at the earliest convenience.

On the morning of the 27th, while the child was nursing, the mother thought she observed something move in the meatus. She promptly reported the fact to me, but with much timidity and apology, adding that she had observed the same before but that doctors and others had laughed at her on stating the fact. I added Carbolic acid to the preparation previously used and requested her to make an immediate application, expressing the opinion that one application would doubtless make the abode unpleasant for anything alive in the ear. I also asked to see the child by evening.

Hardly an hour had elapsed when the mother excitedly came with the child, saying that she was now sure a living animal was in her child's ear. A hasty examination revealed the presence of a *dog-tick* as large as a coffee grain. The insect was easily extracted *alive*. The ear was then treated a few days with Glycerole of Hydrastis and a complete cure effected. The membranum tympani was found intact, and the child's disposition completely transformed.

In endeavoring to account for the introduction of the insect into the meatus, I am convinced that its entrance was effected last July while the family was spending a few weeks in camp in the mountains.

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THE PREVENTION OF CONGENITAL MALFORMATIONS AND DISEASES BY MEDICINAL TREATMENT OF THE MOTHER DURING PREGNANCY. A FEW CLINICAL FACTS.

A. F. RANDALL, M.D., LEXINGTON, MICH.

Since reading Dr. J. C. Burnett's paper on the prevention of deformities (reprinted in the *Investigator*), I have recalled some experience of my own that might be added to the general stock of knowledge on this interesting subject.

Case 1. This young couple had lost two childred, all they had, each dying, at the age of eight weeks, from meningitis; both children were puny little things. I told the father that I would give the wife, should she again become pregnant, constitutional treatment in order to prevent a similar accident happening to the next child. In course of time he informed me that his wife was again pregnant. She received Calcarea phos. 2x, and occasionally a dose of Sulphur[30]. The husband was short and stout, of fair complexion and uniform good health. The wife was tall and thin, with black hair and eyes, and was in delicate health. In due time a boy of good size was born; he is now about three years of age and has always been healthy.

Case 2. This lady was delivered of a still-born hydrocephalus infant that had a bifid spine. She had a fine, delicate, sensitive organization and had been suffering from several chronic diseases which I had had the satisfaction of curing. She also had some peculiarities of the osseous system, showing an abnormal condition. For example, her fingers were crooked showing a deficiency in lime constituents, and her left arm and left leg were larger than the right limbs, notwithstanding the fact that she was right handed. She could lift more with her left hand. Her mother was said to have had a "hole in her back." She had a very fair complexion, and was tall and slender, while her husband was somewhat above the average height, stout, fair, and in the enjoyment of good health. I gave her during her second pregnancy, Calcarea phos., Silicea and Sulphur. This child, when born, seemed vigorous, but had a contracted lower jaw which rendered nursing impossible, and a ranula. It proved to have very weak digestive powers, neither cow's milk,

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nor artificial food agreeing, and at the age of six months it died of phthisis.

It has been a query to my mind whether better results would not have been attained had I continued the treatment without intermission from the inception of pregnancy to its termination. The results reached in a third pregnancy seem to answer affirmatively, for this time she had the happiness of an apparently sound and healthy child, of larger size than the first two, which to date—eleven months—continues to be healthy, the process of dentition only proceeding somewhat tardily.

Case 3. This lady, who is tall, slender, of fair complexion and of a phthisical family, her husband also being sanguine in temperament and of a consumptive family, lost two infants, the first from phthisis, the second by meningitis. During her third pregnancy she took Calcarea phos. 2x, and Sulphur[30]. The prospective results were interrupted by an accidental abortion; but in her fourth pregnancy the same treatment was carried out. She now has a fine healthy infant.

Case 4. This woman has practiced masturbation from a very tender age until she was about twenty years old, and had very materially injured her health thereby. Gave her Calcarea phos. 2x, and an occasional dose of Sulphur[30], and for last three weeks Caulophyllum or Cimicifuga, I forget which, as she had a dread of a tedious labor. She had a remarkably short and easy labor, and has a healthy child about two years of age.

Case 5. This lady I never saw as she lived about six hundred miles away, but she wrote that she had been twice pregnant, and twice delivered of dead children. The first time she had puerperal convulsions; the second time she had albuminuria and was treated with the free use of the lancet, etc. I sent her Calcarea phos.; she had also other remedies—principally Nux[30] and [200]—from time to time as her symptoms seemed to demand. In due time I received a letter stating that she had a fine boy, for which she was "exceedingly grateful to that medical skill," etc.

Case 6. Likewise was a stranger and lived far away. She had been married many years, but had only one child living, though she had had numerous miscarriages. After going about four months she would begin to cough; this would continue until she was deliv-

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ered of a dead fœtus. Her medical attendants said that nothing could be done. I gave her Arsenicum, Sulphur, and some other remedies, as the symptoms demanded. In due season she was delivered of a fine, healthy boy. She succumbed, however, in a few weeks to dropsy, which was doubtless of cardiac origin.

I have not mentioned the remedies given in these cases to show that they are the ones, the only ones, or even the right ones to be used in similar conditions. I simply give a faithful transcription of my experience, believing that the future will make larger demands of us to prevent sorrow and misery. To this end I contribute my mite.

CASE FROM PRACTICE.

GEO. WIGG, M.D., CLAY CENTER, KAN.

April 10, 1881, I was called to see Mrs. R., aged forty-four, nervous temperament, who, it was supposed, was about to miscarry. Found her nervous and excited, and complaining that her back would fall to pieces; there was pain of an expulsive nature, and flooding. On examination, found the os uteri well dilated, and symptoms which led me to fear the existence of placenta prævia. Gave Belladonna[6]. In less than one hour delivery had taken place, not of a child, but of ten pounds of hydatids, in number about sixteen thousand. After-pains worse than those of labor. Gave Arnica[3] every two hours. Twelve hours later found her still nervous and very much excited, with a moderate flow of *black* blood. Gave Coffea[3], one dose every hour. After a few doses the patient slept well, and awoke calm and refreshed.

On the fourth day (to prevent her taking a dose of Castor Oil), gave an injection, which relieved her pain and weariness in the bowels. On the fifth day her husband reported improvement beyond his expectation, and she has now made a good recovery.

This lady came from Cleveland, O., four weeks ago. She has two children living. Her father and brother died of cancer; her brother of cancer of the stomach. She does not remember the location of the growth in her father's case. She had considered herself preg-

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nant since September 15th, and informed me that there had been daily uterine hæmorrhage since that date. She was under the impression that she had felt life for the past six weeks.

From the foregoing, it would seem that this enormous mass of hydatids had formed in about seven months. Lawson Tait, F.R.C.S., says: "Hydatids is due to the dropsical hypertrophy of the villi of the chorion in an incompletely fertilized ovum." Percy believed them to be independent animals.

A CASE OF PUERPERAL CONVULSIONS.

M. E. DOUGLASS, M.D., DANVILLE, VA.

The following case being of considerable interest to me, and thinking that perhaps some of the other young members of our faith might find something of interest in its recital, I take the liberty of sending it to your excellent magazine, the MEDICAL COUNSELOR. And right here, let me advise you, that this is my first experience with the disease, and if I made mistakes, or failed to do what I ought to have done, be sparing of your censure and rest assured that any hints as to the treatment of this dreaded disease will be most thankfully received for use in the future. It seems to me, after a hungry perusal of the books I could obtain, that the treatment of this malady is imperfectly written upon. There may be better works on this subject than those I possess; if so, I have not seen them.

May 4th, called at 9 A.M., to attend a woman in her confinement. She was what the F. F. V's call a "bright woman," that is, a mullatto, aged nineteen years, and this was her first confinement. Arriving at the house I found her in convulsions. She had been having convulsions ever since early morning, the present one being the eleventh. I gave her immediately a dose of Belladonna. Upon examination, I found the os well dilated, a small bag of water presenting which broke on a slight pressure,—only a small quantity of water escaping; the head immediately became engaged in the first position. In a very few minutes pain came on, very weak, and she

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had another convulsion. As soon as the spasm passed away I applied the forceps and brought the child's head to the vulva, I then removed the instruments, permitting nature to do the rest. She was soon delivered, for a violent, expulsive pain came on immediately; the perineum was ruptured about one-half inch. While the head was passing there was no convulsion, as I had expected to see. The child was a healthy male of average size and well formed. While tying the cord the woman had another convulsion. As soon as practicable I removed the placenta and all clots, and then I remained with her for about two hours and then left her feeling very comfortable.

At 1 P. M., the husband came for me, saying she had had three more convulsions; from that time up to 4 P. M. she had thirty spasms, with the following symptoms: She would first begin by moaning, then tossing her arms up over her head; the eyes were wide open and the eyeballs turned upward; twitching of the lids, followed by jactitation of all of the muscles of face; face and mouth drawn to right side; veins of neck swollen and carotids throbbing violently; muscles of arms rigid, teeth firmly clenched. This state lasted but a very few moments, when the clonic convulsive movements set in. Loud stertorous breathing and blowing of a white foam and blood from the mouth; her tongue was severely lacerated in spite of all we could do to prevent it. During the tonic convulsions the abdominal walls would swell and become very tense, so much so that I feared rupture of the linea alba. Up to 4 o'clock I relied entirely upon Belladonna. At that time I injected ten drops of Morphia solution, one grain to the ounce of water. It had a happy effect; the convulsions came on at longer intervals and were of shorter duration.

At 5 A. M., next morning, she had passed five hours without any return of spasms. At a few minutes past 3 o'clock she had a frightful convulsion; the tongue was enormously swollen and protruded from mouth. After the clonic spasms ceased, instead of relaxing into a stupor as she had previously done, she began to toss about the bed and moan. Pulse 140, full; lochia entirely suppressed. I now gave Aconite tincture in drop-doses. A few minutes later I injected twelve drops more of Morphia. She soon went to sleep and slept naturally until 8 A. M., when she awoke and called for some water.

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I called on her on the morning of the 7th and found her cheerful and quite lively. She told me then she had been subject to fits as a child, and two years ago had them for over two months so severely as to keep her confined to her bed the whole time. Milk has come, and lochia returned. The child has had two spells of colic which one dose of Kali sulph. 12x relieved promptly.

Ought I to have given her another remedy than Belladonna? I could not find anything in my text-books that seemed better indicated than it. I emptied her bladder before I delivered the child; and the nurse in attendance assured me she had evacuated the bowels about 5 A. M. I had no chance to examine the urine for albumen, or to learn whether there had been any prodromic symptoms. The patient is of medium size, of a quiet, reserved disposition, fairly intelligent, and so far as I could learn no mental emotions to disturb her. There was no dropsy or swelling of the extremities at any time preceding labor. A few days before confinement she expressed the belief she should not live, and gave directions as to the disposal of her apparel, etc.

There was no over-distension of the uterus; there was but a small amount of urine in the bladder, the bowels were not loaded. What *was* the cause? It could not have been any of the causes commonly set down, except the fact that she was subject to epilepsy at a prior time. Marsden says: "Some again have supposed that epileptic patients are more subject to eclampsie seizures than others. On the contrary, however, statistics seem to show that in such patients pregnancy often arrests for the time epileptic paroxysms, which again recur and assume their accustomed regularity after delivery. It is probable, however, that women who from early life, through the influence from slight causes, are thrown into convulsions, not epileptic, but manifestly of a purely nervous character will be more subject to puerperal convulsions than others whose nervous systems are naturally less impressible. It has, moreover, been said that women who have once suffered from this malady are likely to experience a recurrence of it in their subsequent labors, This may be so in regard to the class of patients spoken of, but generally it probably does not hold good." He narrates a case of a lady to support his theory, or rather his supposition.

Guernsey commences his article on Eclampsia with the following:

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"The convulsions which occur during the first eight months of pregnancy are usually hysterical, although in some persons originally predisposed or actually subject to epileptic attacks, convulsions would be liable to appear during pregnancy, even in its earlier stages, and they would of course partake of the same epileptic nature. But in general only those convulsions which arise during the last month, and especially during the last weeks of gestation, are allied to epilepsy, and they are properly termed puerperal, because of their precise similarity in character to these which occur during labor and after parturition."

Both authors mentioned give a long list of symptoms, much alike. When they come to the treatment, there is quite a list of remedies recommended in Guernsey, with the symptoms of each. Marsden recommends *tolle causam.* Excellent advice, *when you know or can find the cause.* Prof. O. B. Gause, of Philadelphia, in his lectures of 1879–80, tells us to give Chloroform, dilate the os and deliver as speedily as possible, as also does Marsden in his Obstetrics. Marsden recommends as remedies: Belladonna, which seems to be his favorite, Gelsemium, Actæa race., Bromide of Potassium, and Chloroform. While Guernsey gives us Aconite, Argentum nit., Arnica, Belladonna, Bryonia, Cantharis, Caulophyllum, Causticum, Chamomilla, China, Cicuta, Cimicifuga, Cocculus, Coffea, Cuprum, Gelsemium, Helleborus, Hydrophobin, Hyoscyamus, Ipecac., Kali carb., Lachesis, Laurocerasus, Mercurius, Nux., Opium, Phosphorus, Pulsatilla, Secale, Stramonium, Veratrum vir., and Zincum.

I am thoroughly convinced that the injections of Morphia cured my patient. Some may claim that I departed from the rules of homœopathy; and, had I known my materia medica better, could have cured my patient with the indicated remedies. But on a careful perusal of the remedies given above, and a thorough hunt in Hering's Materia Medica I could find nothing better indicated than Belladonna, and since then I have failed to find a remedy covering the totality of the symptoms better than Belladonna. I was anxious about the case and gave it careful study, as some of my allopathic friends were desirous of calling in an allopathic doctor, who said (without ever having seen her) that she ought to be bled. I may be wrong in my conclusions, but it appears to me that Morphia *is* homœopathic to the case in hand. I sincerely hope that some one

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of large experience may be induced to give us an article on the treatment of this disease.

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MATERIA MEDICA PURA. By SAMUEL HAHNEMANN. Translated from the latest German edition by R. E. DUDGEON, M.D., with annotations by RICHARD HUGHES, L.R.C.P.E. Vol. I., Aconitum—Ipecacuanha. Liverpool, Eng.: Hahnemann Publishing Society. New York: Bœricke & Tafel.

The standing of Drs. Dudgeon and Hughes is such that the profession is inclined to accept with much readiness and trustfulness anything coming from their hands; and the assurance, from them, that "the present is the first attempt to give a faithful and complete English translation of the latest editions of the work" (i. e., Materia Medica Pura,) is like a government stamp upon a coin, testifying to its being genuine and of full value. It also places the seal of condemnation so conspicuously upon other, and earlier, efforts, that we are half inclined to be angry at these English brethren for the wrong they have done us all, by putting off from year to year, a piece of work which, from their own statement of its superiority, should have been in the hands of the profession long ago.

Dr. Dudgeon is by no means the only or the first scholar who has found many and serious faults in Hempel's translation of the Materia Medica Pura of Hahnemann. For thirty-five long years many an elaborate criticism upon Hempel's work has been written, and upon more than one occasion these criticisms have been all but just and fair. Dr. Dudgeon, however, is the very first, and so far the only, man who has *earned* the right to find fault with Hempel, because he alone has had the courage to go over the same ground, and to place now into the hands of the profession a work, comparison of which with Hempel's translation he frankly invites. And, let it not be forgotten, even Dudgeon waited until the year of our Lord 1881, before doing this work.

To whitewash the faults of Hempel's translation would be the very last thing which one who knew Hempel's love of fairness and his sense of justice would desire to do. But we must insist, and shall ever insist, upon reminding the critics of Hempel of the absolute necessity which existed in the days when Hempel stepped into the arena of professional literature, of furnishing these translations at the very earliest moment possible, without one instant's delay. Gram, doing the very best he could, had published in 1825 a translation of Hahnemann's Spirit of the Homœopathic Healing Art, the same pamphlet of which both Dudgeon and Ad. Lippe have given us excellent renderings. Hering came to this country in 1833, and Lippe, and other German scholars, had been in the profession for years when Hempel graduated in medicine. What had been done during these ten, twelve, or more, years toward giving the profession the works of the "master"? *Nothing*, save the publication of a translation of the Organon, and this translation was made in Great Britain, not in America. Within three years after his graduation Hempel,

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the glorions old worker! rendered into English all of the best German works of that day, making in round numbers, about *six thousand and six hundred pages of printed matter!* It is a pity Hempel was only human, and could not do, in a brief space of time, work which would stand the test of close criticism by fastidious and unfriendly critics; it is a pity Hempel never took the time, or never had a chance, to make a careful review of these translations; it is, perhaps, a pity that Hempel had not done as most of his bitterest critics have done: lie on the couch of ease and content himself with finding fault with the work which other men were willing to do and had done; yet, to our minds, and granting the truthfulness of all charges ever made, or liable to be made, against Hempel as a translator, the man who did the work, though it was done hastily and imperfectly, stands infinitely higher than the scores of men who only stood by and growled; *and to these men Dr. Dudgeon does not now belong.*

Comparing the translation offered us by Dudgeon with that of Hempel, we are pleased to see that the former adheres more closely to the original, translating from the third edition of *all* the volumes of the materia medica pura, following Hahnemann's arrangement of symptoms, and giving the authorities for the separate symptoms as they are furnished in the original. Both translators cast aside Hahnemann's arrangement of contents, and give the remedies in alphabetical order, Hempel arranging each volume separately. This enables the reader to refer with more ease to the remedy he desires to study, but we are loath to give up the idea of having before us, some day or other, a translation of Hahnemann's greatest work which shall give us the Materia Medica Pura with all its faults and virtues, *just as Hahnemann left it.*

As to the translation itself, Dudgeon shows an honest desire to follow the original closely, while Hempel, upon more than one occasion, shows a tendency, a struggle with the temptation, to condense, or to improve the original text. In this respect, then, Dudgeon is somewhat superior to Hempel. The English translator, however, labors under one great disadvantage: he occasionally, nay, frequently, betrays an inability to understand and to render correctly the finer shades of meaning of the German, and he is quite often completely at sea when Hahnemann indulges himself in the use of the vernacular of the common people of his day. As an unavoidable result more than one symptom is changed in its true meaning by the English translator; this change is not always *very* important; sometimes it is. To illustrate: It does not make a very material difference whether symptom 15 of Cannabis reads: "rush of blood to the head, which causes an agreeable warmth in it, *but with aching pain in the temples*" (Dudgeon), or, "rush of blood * * * but with a PRESSIVE (head) ache in the temples" (Hahnemann), but it does make quite a difference when Dudgeon renders symptom 238 of Cina as follows: "(Whilst sitting) cramp-like contractive stitches sometimes in the muscles of the right, sometimes in those of the left thigh, sometimes in those of the right upper arm, and sometimes *up along the sacrum* like pains in the back," etc.; for Hahnemann records the symptom thus: "(When sitting) cramp-like * * * and sometimes extending *along the small of the back*, like backache." If there is anything at all to symptomatology, it is of some importance to know whether a certain pain is located in the sacrum or in the small of the back. Or, to give another illustration, Dudgeon makes no great blunder when he renders symptom 264 of Cina thus: "Cold frontal sweat;" for

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the German, verbatim, reads: "Cold forehead-sweat"; we would only maintain that it would be far better to translate the symptom "cold sweat on the forehead." But when the translator says: "Here and there on the trunk, but especially on the abdomen, very painful stitches; when sitting" (Cina, 230), where Hahnemann takes pains to tell us that these stitches are "especially on the *lower* abdomen," or when Dudgeon renders symptom 215 of Cannabis "cutting *over* the external thoracic integuments" while the original has it "cutting *across* the external coverings of the chest," or when we read in the *first correct translation* of the Materia Medica Pura: "the speech *stops* with extraordinary anxiety and agony on account of pain in the back" (symptom 77 of Cannabis), when it should read "The voice (or speech,) is *raised* [to a higher pitch.—H. R. A.] with extraordinary anxiety and agony on account of pain in the back," we can realize that a very slight blunder in the translation or a very slight deviation from the original may greatly change the meaning of a certain symptom, and that, so far, the profession has not yet a perfect and absolutely correct translation of Hahnemann's greatest work.

On the whole we congratulate Dr. Dudgeon upon the success achieved; we can do this the more heartily since we understand, from personal experience, the many difficulties of mastering a foreign language, and of making translations which are close, accurate and elegant.

The annotations by Dr. Hughes form a most interesting feature of this edition, which also excels in good proof-reading, clear type and, to be short, in all that makes a book a book.

TRANSACTIONS OF THE WORLD'S HOMŒOPATHIC CONVENTION OF 1876. Papers and Discussions. Vol. I. Edited by JOSEPH C. GUERNSEY, M.D.

We do not belong to those who look upon printed and neatly bound transactions of societies as mere ornaments upon their book-shelves, but we are of the belief that these very transactions often bring to us matter of the utmost interest and importance. In fact nothing else gives us so reliable an indication of the true state of the profession, of its advancements, of its ambitions, of its shortcomings; and were transactions of no farther service than to serve as the mile-marks by which we shall measure in the future the work actually accomplished in the years which shall then be gone, it would pay us well to treasure them carefully, to handle them tenderly. Yes, tenderly! For does not each single volume contain a paper or a speech from some one whom we have known and loved for years, whose lips are now silent, and whose hand shall write no more the thoughts of a brain once so busy? Let us give these Transactions the places of honor in our libraries, for the sake of those who have gone!

Well may the members of that great convention of 1876 feel proud of the volume before us! Its eleven hundred pages are full of papers, many of them of unusual merit, even of brilliancy. All of the bureaus are represented fully and ably, and we have promised ourselves a rich treat in reading every page carefully and conscientiously. Dr. J. C. Guernsey deserves the utmost credit for having discharged his perplexing duties as collector and compiler of an endless number of papers and as editor of two as large, handsome volumes, as it has ever been the fortune of mortal man to issue in the line of Medical Society Transactions.

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THE HOMŒOPATHIC THERAPEUTICS OF DIARRHŒA, DYSENTERY, CHOLERA, CHOLERA MORBUS, CHOLERA INFANTUM, and all other Loose Evacuations from the Bowels. By JAMES B. BELL, M.D. Second edition. By Drs. BELL and LAIRD. Bœricke & Tafel, 1880.

Rarely has a book met with a more cordial reception at the hands of the profession, received so many words of praise, and sold so rapidly, as the first edition of Bell on Diarrhœa. Were not the book possessed of great merits, all this would have been the reverse; advertising may do much toward introducing a book; but every publication, after all, must stand upon its merits, find its level. It is thus also with man; a fact we often forget, do we not?

The second edition retains all the excellencies of its predecessor; it has also grown in size; many new remedies have been introduced, and the Repertory has been much enlarged and greatly improved. We have read with especial interest the chapters on Selections of the Remedy. The author says, among other things, "One class thinks the solution is found in a similitude to the pathological state. If able to diagnose hyperæmia, hyperæsthesia, ulceration, plastic exudation, atony, atrophy, hypertrophy, and so on through the catalogue, this seems to them sufficient. They have then only to diagnose a remedy producing a similar state. This has a great fascination for some excellent minds, because it seems to utilize the splendid developments of allopathy in this direction, and connect them directly with therapeutics. Another, and growing class, believes that those who stop here will never comprehend the true genius of homœopathy. The demand for exactness, minuteness, and delicacy of observation in all branches of science was never greater. The same is true of homœopathic therapeutics. Those who are ardently following in this direction, soon discover that the selection of the remedy requires, so to speak, two similars, viz.: one corresponding to the general symptoms, or those which bring it into relation to the pathological state to be treated, and one corresponding to the special and characteristic symptoms, or those which bring it into relation with the individual case to be treated." Exactly! And we hope the author of these lines feels better now. He has made the usual offering and nobody can say that he has not done it gracefully. But does it ever occur to the author that he cannot, in this entire monograph, find any other twenty-four lines equally absurd? The writer wants to be put down an "orthodox" individualizer, of the Berridge-Lippe school, at the same time not hit the *so-called* "physiological livery men" too hard, and to crown it all, he puts himself on record as one of the despised who dare see some good in utilizing physiological and pathological knowledge in the selection of the remedy! The writer undertakes too much! All of this should not be crowded into one short page.

We are not acquainted with a single practitioner who belongs to the first class mentioned by the author. As far as we know, not one man stops after having found a "similitude to the pathological state." Every single practitioner of our acquaintance goes further; else, why only give one or *two* remedies for a certain case characterized by "hyperæmia, hyperæsthesia, etc"? If there are ten or fifteen or twenty drugs, any of them causing "hyperæmia, hyperæsthesia, etc." why, instead of giving all of them, select one or two of the number? Is not this selection made because of a fancied or presumed *especial* fitness of a certain remedy to a certain case, and is not this especial fitness based upon a special study of the more remote

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symptoms, just such a process of exclusion, in fact, as the author describes so eloquently on page 16?

Writing these lines, our conscience smites us. About two years ago we read of a certain man who, so a lecturer on materia medica in one of our colleges tells us, used *sixteen* remedies at one time; *this* practitioner undoubtedly constitutes the class to which the learned author refers. But why all this talk, this stale talk, of the greater exactness of "another growing clsas"? If Drs. Bell and Laird are dealt with "squarely and fairly" by certain gentlemen in the school who take no stock at all in pathology, they will bitterly regret having acknowledged that the fact of their having before them a case of "dysentery" suggests to their mind a certain number of possible remedies from which they eventually separate the *exact* remedy. To be quite orthodox, they should have nothing whatever to do with pathology or nosology; they should take warning from the fact that a man may be a brilliant leader and one of the pillars of the "transcendental" faith, one of the especially elect and trustworthy, and yet not know enough of pathology to recognize an advanced case of locomotor ataxia when the patient cannot walk one step with his eyes shut. Why then trouble about inquiring at all what ails the patient?

Or do our authors simply wish to teach God's truth, fearless and regardless of consequences? If so, why, in the name of common sense, if not of justice, labor hard to misrepresent a class of physicians who, after all has been said, do exactly what the authors hold up as their own, and the right, way of doing.

We cannot leave this useful little book without expressing our sincere admiration for the clearness with which the therapeutic indications are given, and without urging all physicians who care to do good clinical work to send for this book at their earliest opportunity. It is surely worth much more than it costs.

DISEASES OF THE NERVOUS SYSTEM: Being a Treatise on Spasmodic, Paralytic, Neuralgic and Mental Affections. By CHS. P. HART, M.D., Honorary Member of the College of Physicians and Surgeons of Michigan, etc. Boericke & Tafel, 1881.

This work, by a well-known author of our school, is divided in I. Physiology of the cerebro-spinal centres. II. Derangement of the motor functions. This section is subdivided into *a*, spasmodic disorders (convulsions, epilepsy, hystero-epilepsy, chorea, tetanus, hydrophobia, catalepsy); *b*, paralytic disorders (paralysis in general, hemiplegia, paraplegia, infantile spinal paralysis, facial, diphtheritic, progressive bulbar paralysis, general paralysis of the insane, progressive muscular atrophy, progressive locomotor ataxy, paralysis agitans, scrivener's palsy, aphasia, paralytic aphonia.) III. Derangement of the sensory function, (neuralgia, hemicrania, neuralgia trigemini, intercostal neuralgia, sciatica, angina pectoris, gastralgia, neuralgia of the female genital organs, spinal irritation.) IV. Moral disorders, (hysteria, hypochondriasis, melancholia, moral insanity.) *b*, intellectual disorders, (mania, dementia, cerebral exhaustion, delirium tremens).

Were this book presented to the profession as an elaborate treatise upon nervous diseases, claiming particularly originality of research and that degree of elaborate attention to minute matters and complex questions which so interest the specialist, we might not be willing to bestow upon it that measure of commendation which, we think, it deserves as a text-book for the student and for the general practitioner.

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The table of contents shows that the work treats upon nearly everything of interest to the classes for whom the book was written. Each topic is treated under appropriate headings, and the information thus presented is not only offered in carefully framed, well written, brief, terse sentences, but is evidently up to date. If the therapeutic indications are not quite so specific as we would like to see them, the large number of clinical cases introduced serves to illustrate the curative action of a remedy in such a manner that the attentive reader cannot go far astray; and, in fact, we are persuaded to believe that students are apt to derive more benefit from a printed clinical illustration, well narrated, than from a mere dry enumeration of symptoms.

The book makes an handsome volume of about 400 pages, is printed on heavy, tinted paper, and deserves a large sale.

A TREATISE ON DISEASES PECULIAR TO INFANTS AND CHILDREN. By W. A. EDMONDS, M.D., Professor of Pædology in the St. Louis Homœopathic College of Physicians and Surgeons, etc. Bœricke & Tafel, 1881.

"In presenting myself before this august tribunal [i. e., the republic of professional readers.—ED.], I shall not enter the stereotyped plea of importunity from others to do so; nor shall I ask indulgence or forbearance, on the insincere, puling plea of a self-conscious incompetency for the proper performance of my self-imposed task. If I have been right in supposing a new book in this department of medical literature a necessity, I shall demand at the hands of the before-mentioned magisterial tribunal my due meed of reputation and revenue. Making this my first literary venture, in the maturity of professional manhood, with tastes, inclination, and an ample experience, as elements of qualification for the work, I send it abroad with a confident assurance of that favorable acceptance at the hands of the profession which merit has a right to expect and demand."

To all of which we say an hearty "amen!" There is to these sentences an honest, hearty ring which we respect and like. We met Professor Edmonds but once; had we never seen him face to face, we would, from these sentences, make him out an earnest, aggressive and progressive man; and all that, he surely is. Ever since we knew that the author was preparing a work on diseases of children we have been anxious to see it; the book is upon our table, and it has not disappointed us.

One great aim of the author has evidently been to put all he wished to say into the smallest compass possible. To do so, he has carefully excluded everything which properly belongs to the domain of surgery as well as those diseases which are common to all periods of life. So far, so good! The author has also omitted pathology and pathological anatomy, leaving this "in the hands of the various learned and industrious specialists who have shown such zeal and ability in this most interesting and important department of professional investigation." This we regret heartily. We think the time has arrived when our text-books should be so complete that our students shall find in them all they need to make of themselves well-read physicians. Why insist upon their buying works of writers of the dominant school, by carefully omitting information which they must get from some source? Every dollar thus spent cuts down the income of our own authors and publishers, and lessens those inducements without which professional literature can not develop.

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We anticipate an early necessity for the preparation of a second edition of this work; when that time comes we trust the author will consider our suggestion.

The work itself is an admirable one, as it is a timely one. It is well written, is full of interest, up to date, concise, practical, full of individuality. What else can we say? Ah! there is one very important thing we fail to find in it; we refer to full, accurate, therapeutic indications.

And we cannot dismiss this book without quoting from its closing lines; in these days of mixed religious cant and infidelity we would treasure these words: "The parting word between myself and the reader shall be a plea in behalf of a *religion*. I do not propose to enter the list as a propagandist or proselyter to denominational theology. But I here undertake to say that the highest order of social elevation and personal success in the aggregate have grown up under the auspices of the religious idea, as presented to us under the garb of biblical revelation. Let children grow up under the theory or idea that the tastes, habits and experiences of this life may largely influence and determine the conditions and experiences of the *Great Beyond*, and moral obligation and incentive in this life's experience will be all the better, sweeter and purer for such theory and conviction. Encourage children, then, in religious tastes, habits and ideas, as the best guarantee for good conduct in this life, to say nothing of fitness for a life that may come after this whether we will it so or not."

THE LADY'S MANUAL OF HOMŒOPATHIC TREATMENT IN THE VARIOUS DERANGEMENTS INCIDENT TO HER SEX, with Chapters on the Management of the Diseases Incident to Early Infancy. By E. H. RUDDOCK, M.D., London, Eng., and R. LUDLAM, M.D., Chicago, Ill. Eighth edition. Chicago: Halsey Brothers, Publishers. 1881.

The immense sale which this book has reached, is in itself evidence of some real merit. We are not a very enthusiastic admirer of this style of literature, because authors cannot usually render full justice at the same time to the subject, to the reader, and to themselves. Subjects which have puzzled the brains of the most profound philosophers ever since people commenced to think, have to be handled in a free-and-easy manner, and disposed of so unceremoniously that scientific truth is very apt to suffer.

There is much to commend this book to the class of readers for whom it is especially designed; the variety of information offered in it is one of its strong features, and the various topics are clothed in just such language as the culture of the authors leads us to expect. The present edition surpasses former issues in value, it having been carefully revised and brought up to date by the American editor.

HOW TO SEE WITH THE MICROSCOPE. By J. EDWARDS SMITH, M.D., Professor of Histology and Microscopy in the Cleveland Homœopathic Hospital College, etc., etc. Illustrated. Chicago: Duncan Brothers. 1880.

Moses, on a certain memorable occasion, was led into the mountains; he was anxious to catch a glimpse of the promised land; he had the "glimpse," but *he* could not get there. To us, the privilege of merely looking "at" the promised land would have been tantalizing—nothing short of it. Moses, we presume, felt satisfied and grateful, for he had grown old and wise. To us, "microscopy" has ever been

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a promised land, and a land of great promise; we have never been able, and shall never be able, to enter it, we have now given up all hope of ever looking into its secrets, of ever surmounting its hills of difficulties, of ever crossing its sloughs of despondency. We shall just have to stay on the outside, and are not even sure of ever getting "high enough" into the world to get one good, distinct view of the wonderland of microscopy.

And so we handed Dr. Smith's book to a gentleman whom we know to have lived in that land for many years; in fact, he has tilled some soil there and has raised good crops. We asked him, "What do you think of it?" His answer was: "It is one of the very best and most sensible books I have ever seen on the subject."

And, dear reader, we think so too; and we ought to know.

A TREATISE ON DIPHTHERIA: Its History, Etiology, Varieties, Pathology, Sequelæ, Diagnosis and Homœopathic Therapeutics. By A. McNeil, M.D. A Prize Essay. Chicago: Duncan Brothers. 1881.

Some time since, the publishers of this monograph offered a prize of one hundred dollars for the best treatise on diphtheria. In so doing the publishers showed good sense and excellent business tact, for diphtheria is stalking over the land, slaughtering its thousands and tens of thousands, while our own literature on the subject is limited. Ludlam's treatise is old, though it is still valuable. Gregg's recent monograph is ingenious, but visionary. And this finishes the list.

Dr. McNeill gives us a treatise which, on the whole, is very satisfactory. It gives a summary of the etiology and pathology of the disease; describes, clearly and graphically, the various types of the disease; treats upon sequelæ, diagnosis, prognosis and prophylaxis, pays due attention—and no more—to therapeutics, and gives some little space to auxiliary measures. We can heartily indorse the work, especially in the treatment recommended by the author; we do this the more readily since our own experience by the bedside has led us to conclusions much like those of the author's, and since the Doctor does not seek to fortify his position by statistics and personal experiences which no sensible man can accept.

To those of our readers who care for a good, practical and reliable treatise on diphtheria, giving reliable indications for our own remedies, we would recommend the purchase of this monograph.

STRAWS

Sweet Olive Oil for Removing Gall-Stones.—Dr. J. W. Babbitt, of Ypsilanti, Mich., writes as follows to the *Medical Brief:* "I have suffered from the presence of gall-stones as persons seldom suffer. For fifteen weeks, almost every day one or more calculi passed, and the anguish was so great that the inhalation of Chloroform appeared to me to be the only thing to keep body and soul together. * * * Finally, acting under the advice of Dr. Pitchers, of Detroit, I took a remedy which brought away over one hundred crystallized globes, as large as a marrowfat pea, at one evacuation. I have since treated more than a score of sufferers, with the best results and to the satisfaction of all concerned. Remedy: Sweet olive oil, six to eight ounces.

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First empty the stomach by emetic or by fasting (the latter way is preferable). Twenty or thirty minutes after swallowing the oil, which will give time for it to pass into the duodenum, recline upon the left side, with the hips elevated higher than the shoulders. The oil will find its way down the ductus communis and reach the enemy in their castle,—to wit, the gall-bladder. Every calculus will be lubricated and slide out of the fount and through the intestines. Now, to be certain the desired result has been obtained, let the stools be dejected into a vessel half full of water, and the little green globes will be found floating upon the water. No cathartic will be necessary. Nothing more need be done.

Dr. Wachsmuth recommends the combination of a fifth part of Oil of Turpentine with the Chloroform used for anæsthesia. The former agent exerts a stimulating action on the respiratory surface, and thus prevents paralysis of the lungs. It also increases the capacity of the pulmonary vesicles, and thus exposes a larger surface to the Chloroform vapor, while at the same time a larger dose can be introduced without danger. This method is more agreeable to the patient, because it is more rapid, and at the same time has great advantages for the surgeon. (*Gaz. des Hospitaux*, August, 1880.)

Treatment of Excessive Perspiration of Hands and Feet by Faradic Current.—As this symptom is due to disordered functional activity of peripheral nerves, Dr. Gordon was led to study this particular condition with the following results: The tactile and faradic sensitiveness of these parts is diminished, their temperature is lower. Systematic faradization controls the perspiration, and corresponding to the effects of treatment, the above two conditions are relieved. (*Vratch*, 188, No. 20.)

The Action of Maize and Maizenic Acid.—Dr. Vanthiers makes the following statement concerning the action of maize and maizenic acid:

1. The action of zea mays is always favorable in all affections of the bladder, whether recent or chronic.

2. Maizenic acid is the active principle of the stigmata of maize, and it alone contains the therapeutic properties.

3. The diuretic action is not constant; it is met with in cases of acute traumatic cystitis and in cases of retention, but here the improvement in micturition is due to the recovery of the affected organs, and not directly to the action of the maizenic acid. . .

4. The best results are observed in uric and phosphatic gravel, in acute cystitis, whether simple or due to gravel, and in mucous or muco-purulent catarrh.

5. In the cases observed by Dr. Vanthiers, the ordinary remedies for these affections had already been employed without benefit, while the maize never failed to effect a cure. In connection with the maize, simple and medicated vesical injection were employed.

6. The maizenic acid, moreover, has the power of dissolving calculi by its chem-

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ical action, and not only vesical calculi, but also all the other calcareous concretions that are met with in the human system. Hence its use seems indicated in cases of gout and rheumatism as well as in affections of the urinary organs.

The preparations used were the infusion (ten parts of corn-silk to one hundred of boiling water, with syrup ad libitum; dose, a tablespoonful every two hours), the extract in doses of one and one-half to three grains, and maizenic acid in doses of one-eighth of a grain in pill or mixture. (*Arch. Med. Belges*, August, 1880.)

Saxolinum.—This is the title which, we are informed, the committee of revision and publication of the Pharmacopœia of the United States of America have adopted as the official name for petroleum ointment. The term is derived from *saxum*, rock, and *oleum*, oil, and is quite expressive. It will be exactly defined as to properties, reactions, and melting point. (*Med. Record*, Nov. 27, 1880.)

DETAIL PLAN OF THE WORK OF THE COMMITTEE ON LEGISLATION, A. I. OF H.

At the late meeting of the American Institute of Homœopathy at Brighton Beach, N. Y., the following members were appointed as the committee on legislation. This committee at once held a meeting for consultation, and agreed on the programme of their work for the ensuing year. They believe it to be an exceedingly important matter that their report be a full one, and trust that all members of the institute as well as of local and state societies, and the profession at large, will contribute all the information, aid and co-operation in their power as to any division of the same, and at *as early a moment as possible.* The facts to be obtained should be in possession of the committee soon after New Year's day, and its members, in accordance with the vote of the institute, should make their final return or report to the chairman "two months prior to the meeting of the institute," next summer—that is, by April 5, 1882, *at farthest.*

I. The programme adopted requires, under each head, first, a historical statement, in concise form, of past legislation on medical matters, both *favorable and unfavorable to homœopathy;* second, a similarly concise account of contemplated legislation, favorable and unfavorable; the steps to be taken in favor of our school and the prospects of success; third, suggestions as to ways and means where-

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by the American Institute may officially aid in the local and national struggles of our profession everywhere, *at home and abroad.*

II. The programme is as follows:

1. *National.*—*a.* Incorporation of the American Institute of Homœopathy, as to its feasibility, methods, duties incurred and privileges secured.

b. Admission of homœopaths to the army and navy medical corps.

c. Admission of homœopaths to the medical civil service, viz.: boards of health, marine hospitals, pension examinations.

2. *State.*—*a.* Boards of health.

b. Port and quarantine physicians.

c. Hospitals, general and insane.

d. National guard and militia, surgeons-general, brigade, regimental and other surgeons.

e. Restrain of allopathic medical societies from *libelling* or censuring their own members in *punishment* for professional association with homœopathists.

f. Incorporation of colleges, societies, etc.

g. Money appropriations to hospitals, dispensaries, etc.

3. *Municipal.*—*a.* Physician to the poor.

b. Vaccine physicians.

c. Hospitals.

d. Boards of health.

e. Coroners and coroners' physicians.

f. Police-district physicians.

4. *International.*—As to all the above points in foreign countries and any others peculiar to them, particularly as to the question of corporate or diplomatic aid or interference through the American Institute of Homœopathy (for instance, see Transactions of the session of 1881; resolution proposing a *new order of membership—Hahn. Monthly*, July, 1881).

5. *Miscellaneous.*—Subjects not included in the above will be in order also.

The members of the committee will gladly receive communications on the above subjects from all quarters. Friends, be earnest and *be prompt.*

Dr. John C. Morgan, chairman, 1706 Green street, Philadelphia, army and navy.

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Drs. T. S. Verdi, Washington, D. C., J. P. Dake, Nashville, Tenn., J. J. C. Morgan, Philadelphia, national civil service, incorporation of American Institute.

Dr. M. J. Safford, Boston, Mass., state and municipal, New England. Drs. E. D. Jones, Albany, N. Y., T. S. Verdi, Washington, D. C., ditto, in other Atlantic states. Drs. J. H. McClelland, Pittsburg, Pa., A. E. Small, Chicago, Ill., A. I. Sawyer, Monroe, Mich., ditto, Northwestern states, i. e., north of Ohio river and mainly east of the Mississippi river. Dr. J. P. Dake, Nashville, Tenn., ditto, states south of the Ohio river and east of the Mississippi river. Dr. P. G. Valentine, St. Louis, Mo., ditto, states and territories mainly south of the Pacific railroad, west of the Mississippi river. Dr. G. F. Roberts, Waterloo, Iowa, ditto, in states and territories mainly north of the Pacific railroad, and west of Mississippi river.

MEDICAL MEMORANDA

EDITOR'S TABLE.

Married.—Dr. J. Theo. Wilson to Miss Mary E. Roberts, both of Moorestown, N. J.

Married.—Dr. Samuel F. Shannon, of Alleghany City, to Miss Sue J. Murdock, Sewickly, Pa.

Dr. T. C. Duncan, the well-known editor of the *Investigator*, author and publisher, has been appointed to the chair of pædology in the Chicago Homœopathic College.

Dr. J. P. Mills, our respected predecessor as editor of the MEDICAL COUNSELOR, has accepted the appointment as professor of physiology in the Chicago Homœopathic College.

Dr. H. C. Allen, author of the monograph on "Intermittent Fever," has been re-appointed lecturer on materia medica in the homœopathic college of the University of Michigan.

Died.—Dr. L. E. Ober, of LaCrosse, Wis., of Bright's disease. The death of this well-known practitioner leaves a vacancy in the profession of his state which it will be hard to fill.

Died.—Dr. Ludwig Waldenberg died at Berlin. He was a professor in the University of Berlin, physician to the Charite Hospital, and editor of the *Berliner Klinische Wochenchrift*, the leading medical journal of Germany.

Dr. W. H. Winslow, of Pittsburg, Pa., has in course of preparation a new work, entitled "The Human Ear and its Diseases." It will be a work of about four hundred octavo pages, fully illustrated, and up to date. The reputation of the author is such that we have a right to expect from his pen something of more than usual interest and value.

My article on "Morbid Action," in the May issue of the COUNSELOR, is so seriously marred by grave typographical errors, that although *corrigenda* always come too late to do any good, I wish you would print the enclosed: On page 62, line 17, read "force governing," etc.; page 63, line 4, read "capillary *con*tractions"; page

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63, line 27, read "manifestation of *force*"; page 63, line 30, read "individual's"; page 64, line 33, read "*forces* of disease"; page 66, line 36, read "*forces* originating"; page 67, line 5, read "*free* surfaces"; page 68, line 35, read "if not *consecutive*"; page 69, line 29, read "morbid *force*"; page 69, line 30, read "*newly* infected"; page 69, line 36, read "crypta gonorrhœa*ica*"; page 70, line 5, read "Berkley". Respectfully, *J. G. Gilchrist.*

There has been a rumor that Prof. E. C. Franklin was thinking of returning to St. Louis, in obedience to often and earnestly expressed wishes of the St. Louis profession. We are able to say that the rumor is not well founded, and that the homœopathic college of the University of Michigan is not to lose the invaluable services of its distinguished dean.

WESTERN ACADEMY OF HOMŒOPATHY.—The following are the chairmen of bureaus, as far as we can learn: Dr. F. W. Foote, of Galesburg, sanitary science, climatology and hygiene; Dr. W. H. Caine, of Stillwater, Mich., surgery; Dr. W. L. Breyfogle, of Louisville, Ky., clinical medicine; Dr. R. Ludlam, of Chicago, Ill., gynæcology; Dr. J. A. Campbell, of St. Louis, Mo., ophthalmology and otology; Dr. H. R. Arndt, of Grand Rapids, Mich., pædology; Dr. M. T. Runnels, of Indianapolis, Ind., materia medica.

William Wood & Co. are about to publish an "International Encyclopædia of Surgery," a systematic treatise on the theory and practice of surgery by authors of various nations. The work will be edited by Prof. John Ashhurst, Jr., M.D., of the University of Pennsylvania. The entire work will be composed of six volumes, royal octavo, and will be illustrated with chromo-lithographs and wood engravings. The number of volumes will not, under any circumstances, be increased. Price, per volume: extra muslin binding, $6.00; fine leather, raised bands, $7.00; half morocco, marbled edges, $8.00.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.—Since the meeting of the institute in 1880, eleven deaths have occurred among its members, viz.: Dr. Chas. E. Stevens, of Scranton, Pa., aged 63 years; Dr. Garrett D. Crispell, of Kingston, N. J., aged 79 years; Dr. Abner R. Bartlett, of Aurora, Ill., aged 68 years; Dr. John L. Clark, of Fall River, Mass., aged 68 years; Dr. Levi L. Ober, of LaCrosse, Wis., aged 62 years; Dr. Moses F. Page, of Appleton, Wis., aged 57 years; Dr. Ephraim C. Beckwith, of Columbus, Ohio, aged 56 years; Dr. Marcello M. Gardner, of Utica, N. Y., aged 49 years; Dr. H. L. H. Hoffendahl, of Boston, Mass., Dr. Albert Hammond, of Hagerstown, Md., Dr. Delania T. Connor, of New Haven, Conn.

The bureau on organization made, among others, the following suggestions: 1. That the form of application be changed, so that instead of being as at present a mere certificate of fitness for membership, it shall be a direct application made in the handwriting of the applicant, and certified to, as now, by three members. 2. That persons elected to membership may become life members, and exempt from annual dues, on the payment of one hundred dollars. 3. That members by paying five dollars per year from the date of his last annual due up to the time when his twenty-five years of membership would have become a senior, he shall thus become a life member and exempt from annual dues. 4. That the names of all applicants for membership, with their residence, place and time of graduation, and names of members certifying thereto, shall be posted in some conspicuous place during the session, at least twenty-four hours before election. 5. That a salary of three hundred dollars per annum be paid to the treasurer, and that he give bonds in the sum of three thousand dollars for the faithful performance of his duties.

The next session will be held at Richmond, Va., on the first Tuesday of June. The following gentlemen are in charge of bureaus: Dr. I. T. Talbot, organization, registration and statistics; Dr. S. Lilienthal, psychological medicine; Dr. T. P. Wilson, general sanitary science, climatology and hygiene; Dr. E. A. Farrington, materia medica, pharmacy and provings; Dr. T. F. Pomeroy, clinical medicine; Dr. F. P. Lewis, ophthalmology, otology and laryngology; Dr. C. G. Higbee, obstetrics; Dr. H. Minton, gynæcology; Dr. A. K. Hills, pædology; Dr. A. R. Thomas, surgery; Dr. J. Edwards Smith, microscopy and histology: Dr. Wm. von Gottschalk, anatomy and physiology.

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THE

MEDICAL COUNSELOR

A MONTHLY JOURNAL DEVOTED TO THE BEST INTERESTS OF HOMŒOPATHY.

"Amicus Plato, amicus Socrates, sed magis amica veritas."

H. R. ARNDT, M.D.,
EDITOR.

The editor does not hold himself responsible for opinions expressed by contributors.
Articles for publication, books for review and exchanges must be addressed to Dr. H. R. Arndt, No. 62 Monroe street, Grand Rapids, Mich. Subscriptions, advertisements, etc., must be addressed to W. A. Chatterton, Nos. 83 and 85 Fifth Avenue, Chicago, Ill.

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EDITORIAL.

A FEW of our colleagues and contemporaries seem convinced that the dawn of that day is already illuminating the horizon of the medical world, when sectarianism in medicine shall have become a thing of the past. An able editorial in the New York *Medical* [formerly, *Homœopathic*] *Times*, June, 1881, contains the following language: "Sectarianism in medicine, as well as theology, is rapidly passing away. It has performed its work in bringing out the strength and beauty, as well as the defects, of those distinct schools which have crystallized around a single idea, and formulated their creeds from that standpoint. It is a law of nature that, in time, everything finds its level. In the constant attrition of mind with mind, in its search for truth, every idea and every new system is subjected to a test which purges it from its dross and brings out its intrinsic value. Partition walls, which seemed almost adamantine in strength, melt away before the logic of facts; and opposing minds, when brought face to face with each others' honest convictions, in the light of experimental facts, are astonished to find how slight the difference between them, and how easily they can clasp hands in fellowship."

"In the theological world, as the doctrine of love is melting away the old dogmas of vindictive justice and endless punishment, are humanizing the church and the world by a creed so simple and so catholic that the whole human race can stand upon its platform—so, in the medical world, the upsetting of old theories and the new facts brought out by free scientific investigation, in which the minds of adverse schools are brought in closer contact, is rapidly bringing the whole medical world to one solid platform, with a creed so simple and yet so comprehensive that it brings within

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its scope every honest, intelligent physician. The creed is: '*Facts, not Theories*, and the platform, '*Physician*.' There is no room here for sectarianism. The spirit of scientific inquiry, which brings everything to the test of experimental fact, makes friends of all, and crushes out that cowardice which refuses to fellowship with a brother for mere difference of opinion, and that malignant spirit which would rule or ruin."

We presume that the able editors of the New York *Medical Times* wrote the above sentences after usual and due deliberation, and formed the opinions therein expressed from personal observation and knowledge. We have always thought highly of the editorial staff of the *Times*, their words have weighed heavily with us, and if we have not always been able to sympathize with them or to make their views our own, we have given them a large measure of credit for force, great ability, practical common sense. But for once we are puzzled—we do not know what to make of them. "Sectarianism is rapidly passing away! Partition walls, which seemed almost adamantine in strength, melt away before the logic of facts! Opposing minds when brought face to face with each others' honest convictions," etc., etc., "are astonished to find how slight the difference between them, and how easily they can clasp hands in fellowship!" The upsetting of old theories is bringing the medical world to one platform! The spirit of scientific inquiry makes friends of all, and crushes out that cowardice which refuses to fellowship with a brother for mere difference of opinion!

What sweeping declarations; what startling assertions! They fairly take away our breath; and for once in our life we are humbled in the knowledge that all this is taking place, has partly taken place, while we were in absolute ignorance of the wonderful events transpiring about us; the very worst feature of our humiliation lies in the fact that we have kept a sharp lookout for the "signs of the times," and it now seems that we looked in vain, while light was dawning brightly upon others.

To us it seems as if sectarianism in medicine, i. e., firm adherence to one sect or or school, and decided opposition to all other sects or schools, were flourishing to-day as it has flourished in the past. Devotion to "party or sect" holds supreme sway at this writing! What young man, anxious to make a reputation for himself, dare defy the dictum of those who stand at the head of the school? What young man, or old man, reared in the halls of medical orthodoxy, ambitious of success financial, or other, dare follow a liberal impulse and cultivate professional intercourse with those of a faith other than his own, or meet them by the bedside, in consultation, even though a precious life be in danger? Can he do so with absolute safety to himself? Will the overwhelming majority of his school, of his "sect," commend him for so honorable, so manly an act, or will they curse him and persecute him for it? And when professional intercourse and professional courtesy and professional recognition is refused those of a "peculiar" faith, what excuse is pleaded? No excuse whatever save the dictum of the code, of the laws of some state, county, or city society! And is the tyranical force of the "code" on the wane? Alas, no! They are grumbling about it, to be sure; threats are made of disobedience to its unreasonable demands. But the code, in some form or other, dates back century upon century, and men have always quarreled and made threats; yet it lives! Will the men of this much-talked-of nineteenth century throw overboard the prejudices and ties of the entire past? Alas, we fear not! Men have always pleaded for freedom; some men have always

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seen the signs of approaching release from prejudice and sectarianism, to them the day of liberation has always been near at hand; but the world moves in a deep rut, and the medical profession, as a profession, is way down at the very bottom of that rut. There *will* be a mighty change for the better; but it is far off!

Did the editors of the New York *Medical Times*, during their career as homœopaths, with a generally understood faith on their part in the efficacy of the law of similars in *all* dynamic diseases, did they *then* receive these tangible assurances of respect, those unmistakable marks of profound regard at the hands of the strictly-old-school colleagues, which must have fallen to their lot to create so earnest a conviction that sectarianism in medicine is passing away, surely, and *now?* If such tangible proofs were received at all, have they not come to our colleagues since they have filed voluntarily a declaration of faith to which few of us could consistently subscribe? Is it not likely that our colleagues in the years to come will reap a more moderate harvest of courtesies and of honors, bestowed upon them by the *unsectarian profession*, than they have a right to expect? We fear our brethren are seeing through a glass darkly, and have spoken, as of living facts, of things which only live in their fond hopes!

The partition walls which have seemed adamantine in strength, melt away before the logic of facts! How consoling this news must be to those who have long been looking for this to take place. The New York *Medical Times*, undoubtedly, is good authority for its own state; as far as the West is concerned, we can affirm solemnly, that the adamantine partition walls do not yet melt; in fact, there is no indication, so far, that they will ever melt.

And: opposing minds when brought face to face with each others' convictions, etc., are astonished to find how slight the difference between them, and how easily they can clasp hands in fellowship. To be sure! We have seen a good deal of "opposing minds being brought face to face." We have heard an eminent old-school physician, before an assembly of medical men in which were represented all schools of practice, express his heart's conviction that all men outside of the "regular" school, by him so called, were knaves and cunning imposters, who, for the sake of pecuniary gain, were defrauding the people. We have known a number of liberal old-school practitioners to meet in consultation a respectable homœopath, a man of years and experience, examine the patient, retire for consultation by themselves, settle upon treatment, and utterly ignore the presence of the attending physician. Cordial treatment, gentlemanly conduct, "melting of adamantine walls," was it not? In the Southwest members of the leading schools are often brought face to face with each others' opinions, and they "clasp hands" with a vengeance! The old-school control the legislatures, and in some states they force homœopaths to pass examinations before boards upon which they are not represented. They are so willing to "clasp hands" with our men, that an entire examining board threatened to resign when the proper officer gave favorable consideration to an application by homœopaths for one representative on the board; and, alas! the judge yielded. In England, also, they are clasping hands, as shown by that disgraceful row in which the "liberal" Dr. Kidd and the famous Dr. Quain were so conspicuous. And not long ago the national association of the "elect" decided that the "regular" professors must not teach "irregular" students, i. e., homœopaths and eclectics. Did the profession at large

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object? Did their wise men object? One or two of their best men did object. Why? Did they admit that the principle involved was wrong; that it was an insult to the intelligence of this century? No, no! Personal considerations only stood in the way of their yielding *cheerful* obedience. What was the result? Why, there is a great University in the State of Michigan; both leading schools of medicine are represented in it; *there* opposing minds were brought face to face with each others' convictions, and the consequence is that the old-school faculty, as the outcome of the resolutions passed by their national association, have persuaded the proper authorities to excuse them from giving the homœopathic students certificates of attendance upon such lectures as our students are obliged to have in the department of medicine and surgery. What a willingness there is to shake hands!

The truth of the matter is that for once the editors of the New York *Medical Times* have indulged in pure sentimentality. The old-school have made no concession; they do not propose to make concessions. They bid a welcome, more or less cordial as the case may be, to those who are willing to leave our ranks and our platform, but this cordiality is based upon self-interest. They are not as proud, not as conscientious as they used to be. In the days of old, anything which bore upon it the faintest odor of homœopathy was not to be touched. They have outlived this. Now, their leaders, who are realizing that the sick care less for the solution of intricate pathological problems than they do for a speedy and complete recovery from sickness, are willing enough to purloin all they can and to pass the stolen property (for such it is so long as proper credit is not given to the sources of information) as the product of their own brain and labor; the rank and file of their schools who never read a homœopathic text-book or journal and know nothing of the labor done by us in the field of therapeutics, in their ignorance accept second-hand knowledge, fifty years old, as the fruits of modern research; and the Ringers, the Bartholows, and other great leaders, "grasp hands" and curse and belittle the sources of the very best therapeutic knowledge devcloped in the course of any one century since the world existed.

Time has never been when medical men have not pleaded, or will not plead, for freedom. But the editors of the New York *Medical Times* will not live long enough to see the profession occupy "one solid platform with a creed so simple and yet so comprehensive that it brings within its scope every honest intelligent physician." The "union of schools" is, as yet, but a *fata morgana*, almost within our grasp, yet receding ever and ever. The time may eventually come when such union may take place; so far, however, as the present is concerned, we feel safe in saying this: Should the lion and the lamb be found lying together in peace, we shall uudoubtedly find the lamb within the lion's belly!

ALBUMINURIA.

W. J. MARTIN, M.D., PITTSBURGH, PA.

In our daily rounds among the sick, we are constantly meeting morbid conditions which lead the mind to inquire, how certain symp-

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toms, mainly objective, are produced; and how, and from whence come certain pathological products. Having recently had under treatment a number of cases of albuminuria, my researches into the *modus operandi* of the transference of the albumen from the blood to the urine, led me to compile what I shall here present.

In the course of the last century various practitioners had observed that persons convalescing from scarlet fever, often passed bloody urine and were dropsical. Cotugno was the first who published his observations showing that dropsical persons would pass urine, which although not blood-colored, might coagulate just like white of egg on being heated. This was in 1770. Cotugno's discovery was not lost to the world, but received the consideration it deserved, and was principally established by the labors of English physicians. In 1827 Richard Bright published his report of medical cases, showing that certain alterations of the kidneys, which had been first accurately described by him, were associated with the excretion of albuminous urine, and inferred that this albuminuria might be accepted as the sign of those pathological changes of the kidney, likely to produce general dropsy. This complaint, according to Bright, began in some functional disturbances, but by persistence in its functional disorder, the structural changes of the kidney would surely follow. The researches and observations of others confirm Bright's doctrine, although objections to its correctness were not wanting. Graves and Prout, and other writers in Great Britain, asserted that the real cause of the albuminuria and also of the kidney disease was not the alteration in structure of the organs that secrete the urine, but subsisted in some abnormal composition of the blood, or in some perverse construction of the albuminous element of blood serum.

These different views are not reconciled even at the present time. While many physicians to-day consider the term albuminuria as an equivalent for kidney disease, there are others who attribute some, if not all, such cases to an altered condition of the blood.

In considering this subject it may be laid down as a general proposition, that the combination of albumen with urine, is in every case evidence of pathological conditions. The vessels charged with the duty of secreting the urine, and notably the Malpighian bodies, under their normal conditions do not allow of any transudation of albumen. We may also consider every case of albuminuria as be-

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longing to either one of two classes: first, those cases in which the albuminuria is merely the accompaniment of other acute disease—the outcome solely of secondary disturbance of the circulation through the kidneys, the albumen coming and disappearing commensurately with this. Second: those cases where albumen in the urine is the prominent symptom, owing to the fact that the kidneys of those furnishing it have suffered a notable alteration of structure.

The passage of albumen from the blood vessels into the renal tubes is always in proportion either to an existing abnormal increase of the blood pressure, or to an altered state of the walls of the blood vessels, or to a combination of both these causes acting together. Experiments have shown that animal membranes, such as are employed for purposes of filtration, are but little permeated by albuminous substances, but yet that the albumen contained in the filtrate increases directly in quantity according to the degree of pressure employed. Now, the vessels of the kidneys from which the urine is excreted—the capillary coils of the Malpighian tufts—are the parts regarded as filters, which under normal circumstances, as mentioned, never allow any transudation of the albumen of the blood-serum.

The permeability of this filter, like that of the animal membranes employed in experiments, increases with the pressure employed; it is also probable that the cells which form the covering of the capillary coils loosen and separate from each under the strain, and admit of pores or passages forming in the epithelial network, thus it becomes conceivable how the coats of the blood vessels of the kidneys may, when the pressure bearing upon them exceeds certain bounds, come to allow the transudation of albumen through their pores, without suffering further change of structure, in other words, perfectly healthy kidneys, solely in consequence of an altered state of blood pressure upon their vessels, can excrete albuminous urine. This fact has been confirmed by experiments upon animals by ligating the renal veins.

In cases of albuminuria due to heart disease, it is found that persons who have serious valvular obstruction, and those who are affected with extensive muscular degeneration of the heart, excrete urine which constantly fluctuates in its albumen, being sometimes albuminous and sometimes not, according as the cardiac lesion is little or severely oppressing the general circulation of the blood.

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And so long as care and treatment are able to obviate or diminish the disordered circulation, a dimunition of the albuminuria can be expected, as temporary or enduring evidence of benefit received. The kidneys of persons thus affected show, upon post-mortem examination, certain structural alterations quite indistinguishable from what is recognized as cyanotic induration, and which is due to varying degrees of pressure compelled by disturbances of the general circulation.

Transitory albuminuria has been observed after epileptic attacks, in which the albumen was far more copious after a severe than after a slight or abortive fit.

Anything which disturbs the circulation and produces considerable venous congestion, will produce albuminuria. To this category of affections belongs pleuritic effusions and pulmonary emphysema.

As a temporary symptom, not depending upon any structural change in the kidneys, we frequently find albuminuria occurring in persons suffering from some severe febrile affection. It occurs in severe angina, pneumonia, typhoid fever, the congestive stage of acute exanthemata, pyæmia, etc. In these cases it is due to the extremely high elevation of the temperature. As the fever declines, the albumen (usually only sparing in quantity,) disappears from the urine quite as suddenly as it came; but should the fever terminate fatally, the kidneys, when examined, show no pathological changes to explain the albuminuria which existed during life. This febrile albuminuria, depending as it does upon the high temperature of the body, leads to the query, what influence can elevation of temperature have upon the secretions of the kidneys, and how this is affected by it.

The first thing to observe is that elevated temperature relaxes the walls of the blood vessels, or makes them yield more than they otherwise would to the hydrostatic pressure of the blood flowing through them. It is similar to the overflow of albumen into the urine, which follows when the vaso-motor nerves of the kidneys are divided. Whether the relaxation of the walls of the vessels follows because of some disturbance of the nerve influence governing the muscular coats of the arteries, consequent upon the high temperature, or whether it is the elastic coat that suffers loss of resistance, can only be surmised. But in either case, the excessive heat of the body acts exactly in the same way as section of the vaso-motor

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nerves; it is the nature of the filter by which the urine is secreted that it is disarranged; the surface of the filter being enlarged, its pores must of necessity become more roomy. Of course, the results of this alteration in the conditions of filtration will vary; under apparently identical circumstances one individual will have albuminuria and another none. And it is not every patient whose temperature rises above 104°, who will excrete albuminous urine,—though as a rule they will. In some it will occur after an elevation of temperature of only short duration; in another, a considerable endurance of the fever heat will be required. And, although it is the rule for febrile albuminuria to be quite a transitory matter, wholly independent of all pathological change in the kidneys, yet a prolonged continuance of the febrile state may result in actual disturbance of nutrition in the tissues of the kidneys, and may affect in particular the walls of the blood vessels, pursuing afterward a chronic course and eventuating in albuminuria of a chronic kind. But it is very rarely that an inflammatory kidney disease with persistent albuminuria—indicating true disease of the kidneys—follows upon typhoid fever, pneumonia, small-pox or the like. Buhl says that out of three hundred cases of typhoid fever terminating fatally, he only met with general dropsy of kidney origin once or twice. The acute diffuse nephritis which so often occurs in diphtheria, relapsing and scarlet fever is entirely separate from febrile albuminuria, since in these diseases there is some specific implication of the kidneys which has nothing to do with the fever heat accompanying these complaints.

Transitory albuminuria has been described as a very common symptom in concussion of the brain. In cerebro-spinal meningitis some writers claim that it is a constant symptom, but this is disputed and the albuminuria observed attributed to the incidental fever.

Physiological experiments by Longet, Claude Bernard and others prove that injuries to certain parts of the brain, the medulla oblongata, the peduncles of the cerebrum and cerebellum can excite albuminuria.

So far, we have confined ourselves to the first of the two classes into which we divided all cases of albuminuria, where it is merely the accompaniment of other acute diseases—the outcome of secondary disturbances of the circulation through the kidneys, the albumen coming and disappearing commensurately with this.

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We will now consider briefly the second class of cases, where the albumen in the urine is the prominent symptom, owing to the fact that the kidneys have suffered a notable alteration of structure. It is still the renal blood vessels which are either directly or indirectly involved in the pathological changes, and the symptoms are the result of altered conditions of blood pressure localized in the kidneys. It has never been demonstrated that alteration of the epithelial cells lining the renal tubes can of itself produce albuminuria; on the contrary, it is claimed that extreme fatty degeneration of the renal epithelium may take place without albuminuria being present.

It is not every disease of the kidneys that give rise to albuminuria; in the deposition of tubercle in these organs, it is mostly absent. In some renal diseases only a portion of the secreting apparatus excretes albuminous urine, such for instance as renal abscesses, cancerous and other tumors of the kidneys, all of which generally give rise to albuminuria. The lodgement of a new growth in the kidney, by blocking up the blood vessels in its immediate neighborhood will give rise to collateral congestion of the neighboring vessels, which will be distended with blood some of which may even escapes to the renal tubules, but at a little distance off the renal substance and its vessels may be perfectly normal. In carcinoma of the kidney it is well to remember that the urine may remain free from albumen throughout the entire course of the disease. The albuminuria in cases of contracted kidney—otherwise cirrhosis of kidney or granular atrophy—is due to increase of blood pressure in the Malpighian bodies. In these cases a greater or less number of the Malpighian bodies and their appendages wasting away as the process of contraction advances the pressure of the blood upon the vessels that remain, must, of necessity, exceed what is normal, since these have to receive the full current from a large arterial trunk of which a number of natural branch channels are closed.

The urinary secretion in most cases of amyloid disease of the kidneys contains albumen, due (as in cirrhosis,) to abnormal blood pressure upon the glomeruli. The pathological examination of amyloid kidney teaches that this degeneration always takes place first and most especially in the capilliaries of the glomeruli, whose walls become thickened even to the extent of actual obliteration of their channels, so that during life they must be impermeable to the

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blood stream. But the parts of the filtering apparatus which remain pervious, and those arteriolæ rectæ which spring direct from the main branches of the renal artery, must receive the whole mass of the blood stream which flows through the trunk of the renal artery.

The changes produced in the organ by this altered distribution of blood is apparent to the unaided eye. In the degree in which the large mass of vessels distributed to the cortical substance becomes impervious, this part of the kidney becomes pale and anæmic on section, and contrasts strongly with the deep-red appearance of the medullary portions which remain congested. The filtration of urinary water in the amyloid degeneration continues to take place through the remaining Malpighian tufts which still retain their functional powers, this being under abnormally increased blood pressure the consequence is albuminuria. The albuminuria which occurs in the inflammatory affection of the kidneys is due not to an altered blood pressure only, but also to an actual alteration in the filtering apparatus of the glomeruli, that is, a pathological change takes place in the walls of the capillaries.

Cohnheim, in a work upon inflammation and the formation of pus, says that the secreting vessels—the glomeruli—must conduct themselves in inflammations of the kidneys, just as do the blood vessels in other organs which admit of being examined under the microscope while they are inflamed, as, for instance, the mesenteries of frogs and young mammalia. Both the pathological appearances of inflamed kidneys and the characters of the urine secreted by them are in favor of this, that just as blood plasma and white blood cells are effused in the inflammation excited by Cantharides on the skin, so, too, an inflammatory exudation takes place through the walls of the vessels of the glomeruli in inflammation of the kidneys, and becomes mingled with the urine secreted by them.

Whether an inflammatory affection of the kidneys runs an acute or chronic course, it is recognized after death by swelling and finely granular clouding of the epithelium in the urine tubes, combined with more or less abundant accumulation of white blood cells in the interstitial connective tissue spaces. Besides this, there is a very distinct protrusion of the glomeruli produced by their repletion with blood. This distention of the capillary coils of the Malpighian bodies in inflamed kidneys has been generally regarded as due solely

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to congestion of the efferent vessels in consequence of the compression of these by the swollen parenchyma. But there is no reason why we should not consider this state of the capillary vessels in the Malpighian tufts as inflammatory just like what obtains in inflammation in capillaries elsewhere; and this idea is supported by the enormously distended condition of the capillary coils of the Malpighian bodies is produced by other causes that obstruct the blood flow from out of them and lead to albuminuria, as for example in cyanotic induration of the kidneys. Therefore, it may be stated that the walls of the capillaries when stimulated by the influence of inflammation—arise this from what cause it may—become more pervious to the transmission of substances than they are in the normal state, and the position is perfectly correct that it is not an altered blood pressure only, but also an alteration in the actual filtering apparatus of the glomeruli, which is and must be the source of the albuminuria in the inflammatory affections of the kidneys.

This view obtains entire confirmation from the nature of the secretion furnished when the renal vessels are thus abnormally affected, and the character of the urine serves to distinguish it in a marked manner from that secreted by kidneys which are merely in a condition of hyperæmia. In the urine furnished by inflamed kidneys we find albumen and fibrine—the elements of the blood plasma,—and also as a rule, red blood cells in the sediment. The white blood corpuscles sometimes appear in large numbers mixed with large quantities of red blood cells in severe cases of nephritis. The elements mentioned are those very constituents of the blood which are in the habit of passing through the walls of the blood vessels under the stimulus of inflammation in any organ, and which, according to the locality in which they transude, collect either in the serous sacs as free exudations, or accumulate in the interstitial tissues, producing swelling of the parts in which they occur. In inflammation of the kidneys, it is plain that both of these events ensue, a part of the free fluid exudation escapes into the urine through the renal tubes, the rest—that portion which we may surmise is furnished by the intertubular capilliaries—passes into the intertubular tissues and into the epithelium of the renal tubes, producing swelling in both situations.

Compared with all other causes of albuminuria, inflammation of

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the kidneys, and especially that form which runs a chronic course, furnishes the largest percentage amount of albumen to the urine. In such cases the quantity of albumen can reach five per cent, which is more than half the amount contained in normal blood serum.

The inflammatory exudations poured into the serous cavities of the body are, of course, considerably richer than this in albumen, but then there is no watery secretion—no urine mixed with them.

A CALL FOR HELP.

J. STOKES GARWOOD, M.D., NORTH LEWISBURG, OHIO.

Having seen in the February number of the COUNSELOR "A Call for Help," by Dr. Grant, I take courage to ask help in a difficult, and to me, very important case, as follows:

My sister, M. A. W., aged twenty-six, dark hair and eyes, complexion rather dark, (now yellowish, unhealthy appearance,) lively disposition, firm, decisive. Rather below medium stature; weight, when well, about one hundred and twenty-three pounds. Lately married. She has suffered with chronic albuminuria for over three years. In February, 1878, although she was not then complaining much, my attention was called to her urine, and an examination revealed the presence of considerable albumen. No pain or tenderness in the renal region; occasionally, when she would get her feet cold or damp, a dull aching, or crampy pain in each groin and across hypogastrium, as from incarcerated flatus, aggravated by an effort at stool, or to urinate, relieved by passing flatus, or toasting of feet, or administration of a drop-dose of Bell. tincture. In the morning, emission of urine, seven to ten ounces, foams abundantly by agitation, and subsides slowly; quite yellow, slightly turbid, when cold, from floating filaments; after several hours a light, feathery, easily agitated sediment, not extremely abundant. No sediment of uric acid, urates, or phosphates, no sugar, no pus; but boiling, Nitric acid, and Kali bich. tests, all gave rather abundant albuminous coagula. Sometimes she felt stupid, dull, at other times lively; dull frontal headache much of the time, worse when stomach feels badly; sometimes swelling under eyes; face,

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and especially forehead, rough, inclined to suppurating pimples; yellowish, or sometimes nearly greenish color of face, dark under eyes, especially at menses. Often when she gets cold an eruption on face, hands and feet like big hives, passing away when she gets warm. Tongue large, thick, broad, *fissured transversely*, rather dark red, sometimes feel as if burnt. Occasional catarrhal sore throat. Catarrh of nose and throat. Perhaps two or three times a year a few violent palpitations of heart, making her feel strangely, with shortness of breath, but passing off in a few moments, leaving no bad feelings. Some gastric derangement, and some tendency to constipation, but daily stool. Menses three to six days too soon, discharge generally dark, sometimes pale, rather scanty, dull aching in the sacrum, bearing down in pelvis, discharge sometimes stops entirely, then starts again. Leucorrhœa staining her linen yellow. Pain and weakness in the lumbar and sacral regions when laboring hard, as washing, etc., relieved by lying on back with her hands under her. Sometimes hands puffed up mornings until they are stiff, passing off soon. Coldness of hands and feet. Her feet sweat and feel as if in cold water or on ice. In one year afterward the symptoms about the same, although taking some remedy nearly all the time.

Six or eight months ago her feet and ankles began to swell considerably, and the œdema has gradually increased, although partly passing away at times, and now œdematous swelling of limbs below knees until skin is tight and glistening, slightly mottled, reddish, cool to touch, often get real red and burn, (redness and burning relieved by bathing with hot water,) sometimes ache, and at times slight but brief sharp pains in them. Swelling not so tight mornings. Sometimes feet swelled but little, but generally considerable; the œdema now extends as high as trochanter major or crest of ilium and nearly to umbilicus, and I think a little ascites. No disturbance of heart or lungs, except almost continued acute catarrh of nose, throat and lungs last two or three winters. Appetite pretty good, as a rule; fried meat agrees, but not boiled or roasted, as it seems too rich, unless cooked with vegetables. Has more or less gastric trouble, as acidity, etc.; frequent headaches, especially at time of menses, or when urine gets very scanty. Bowels rather irregular, sometimes costive, otherwise too loose. Menses three or four days too soon, perhaps rather scanty. Urine sometimes for

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days will be but from sixteen to twenty ounces per day, with quite frequent hemicrania, other times for several days will void from twenty-four to twenty-eight ounces, and even thirty to thirty-two ounces per day, a few days ago. Some loss of flesh, sleeps well, and can walk about town, but easily exhausted, and can do some housework. Rarely free perspiration, but when very warm gets "greasy."

February 25, 1881, Prof. J. F. Judge, of Cincinnati, analyzed a specimen of her urine (while using Apis,) and reported: "Albumen in considerable quantity, no other marked abnormality, no casts of uriniferous tubes, etc. Some oxalate of lime but that sometimes occurs in urine otherwise normal." My friend, Dr. H. Ring, of Urbana, has made several tests of her urine. June 7, 1881, he writes: "Besides albumen, I found, by means of the microscope, a large quantity of epithelium, mixed with which were what I took to be casts from the tubuli uriniferi, consisting of epithelium, etc. The power of the microscope I have, although sufficient for ordinary purposes of this kind, is not, however, great enough to enable me to be positive about more than appearances which demand further investigation." June 15th, he writes: "I find this specimen differs from the first one, in the absence of the large amount of epithelium found in the latter, there being almost none in this one; and in the presence in this one of oxalate of lime in moderate quantity, only one dumb-bell crystal, however, being found; also, in the absence of what I was disposed to regard as casts from the tubuli uriniferi. The albumen is in large quantity. I cannot affirm with any confidence that the Nitric acid she has been using has had anything to do with the apparent change. At any rate, the urinary symptoms have not essentially improved." June 30th, he writes: "This last examination of urine was not satisfactory to me, although it was interesting from the larger amount of salts contained in it—chloride sodium in combination with urea abundant, phosphates, etc.; also epithelium and mucus. Tube casts I have not certainly found. It may require a more powerful microscope than the one I have." July 11th, he writes: "The specific gravity (at a rather high temperature,) was 1022; the reaction decidedly acid, and the albumen abundant; no material change for the better; no unmistakable renal structural elements." July 18th, he writes: "Can find no apparent difference as compared with previous specimens. I had

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provided myself with better means of examining the sedimentary portion, and I found two or three of what I took to be casts from the tubuli."

Dr. J. W. Haines, of Cincinnati, also tested some of her urine about June 15th, and he writes: "I find considerable albumen, and excess of the phosphates. Under the microscope there is seen albumen mixed with blood corpuscles. The shape of the blood corpuscles would indicate they came from the kidneys."

I have no microscope, and no urinometer, therefore cannot make all the tests I would like, myself, but I have tested her urine a number of times in the last three years, and I believe have always found the reaction acid, and abundant albuminous precipitate by boiling and by Nitric acid. In the last three weeks the precipitate by Nitric acid has varied at different times from less than one-fourth to over three-fourths of the entire bulk of urine, after the precipitate had settled several hours. The precipitate by boiling was always larger than by Nitric acid, sometimes even so great as to leave no clear urine above or below the precipitate, but the precipitate by boiling was part phosphates, as by adding Nitric or Acetic acid a part of the precipitate was redissolved. She rarely complains of pain in back, except at time of menses, or when her urine gets very scanty; and no tenderness or pressure in renal region, or pain after pressure.

I am in the dark in regard to the cause of the disease in this case, but think it probable that it resulted from a severe cold. She had scarlatina, measles, etc., when a child, and no diphtheria since she was a child; had itch eighteen years ago (caught from a servant,) and it was cured in the old way by Cream-tartar and Sulphur taken internally, and Sulphur ointment locally; has had no malarious fever for sixteen years (although this region is rather malarious). No syphilitic taint, but considerable scrofulous taint. No mercurial poisoning, and I think has used no "strong medicine" for many years. Could the urticaria already mentioned: "that would appear when cold, and disappear when warm," have had anything to do with the albuminuria?

The urticaria appeared about four years ago, I think, and nearly entirely disappeared after the protracted use of Sepia 6x. Mother has disease of heart, but it did not manifest itself until this sister was one or two years old, and then only after violent physical exer-

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tion. My older sister and brother, aged respectively eighteen and twenty-eight, died years ago of tuberculosis pulmonum. I am now giving Plumbum aceticum 6x, every three hours, and began it nearly a week ago. In the last three years have given Phytolacca 1x, Phosphorus 6x, Mercurius cor. 6x, Apis mel. 2x and 3x, Sulphur 6x, Helonias 1x (one week), Carduus mar. 2x, 1x, and tincture, Apocynum, tincture (one week), Acid phos. 3x, Acid nit. 3x, Terebinthina 2x, Coccus cacti 1x, trit.; and as intercurrents for headache, or gastric or menstrual wrong, or acute respiratory catarrh, Sepia 6x, [30], Cimicifuga 1x and 2x, Spigelia 2x and 3x, Gelsemium tincture, Nux vom. 3x, Carbo veg. 3x, 6x, Pulsatilla 3x, Kali hyd. 1x, 2x, Arsenicum alb. 3x, Arsenicum iod. 3x, Sanguinaria 2x, etc.

What remedy or remedies would be appropriate for this case, and what potency, form, dose, and repetition of dose? Would Apocynum tincture used freely for a week or two be deleterious? Would lemons be injurious, or beneficial? Is the case probably curable? What is the present pathological condition of the kidneys? Any suggestions by any medical brethren will be very thankfully received.

THE INTERNATIONAL HOMŒOPATHIC CONVENTION.

From the (London) *Monthly Homœopathic Review.*

The meetings of this convention were opened on the evening of Monday, July 11, 1881, by a reception held by the President and Mrs. Hughes at the rooms selected for the transaction of business—those of the Dilettante Club, in Argyle street. The rooms were tastefully decorated, and in addition to some fine pharmaceutical specimens on exhibition was a medicine case used by Hahnemann. The visitors, among whom were the majority of homœopathic practitioners in London, a goodly number from the country, and all the American and Continental visitors who, up to that time, had arrived in town, and also a number of ladies, were presented to the President and Mrs. Hughes by the secretaries. With conversation, inspection of microscopic objects of interest, demonstrations by Dr. Dudgeon of the powers of his sphygmograph, and some excellent vocal and instrumental music from Herr and Madam Liebe, Dr.

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and Madam Jagielski, and Dr. Hughes and his daughters, a very pleasant evening was passed—one full of good auguries for the success of the meetings that were to follow.

On Tuesday afternoon at 2:30 the convention assembled with the following gentlemen present:

Dr. Hughes, Brighton, president. Drs. Black, Dudgeon, Roth, Dunn, Jageilski, Hahnemann, Hale, Pope, Matheson, Yeldham, Tuckey, E. Blake, Neville Wood, Clarke, Epps, Cooper, Burnett, Brown, Hewan, Wyld, Carfrae, Hamilton, Ussher, Powell, Shuldham, J. G. Blackley, Goldsborough, Eugene Cronin, Anderson, Markwick, H. Wheeler, W. H. Wheeler, Gutteridge, Morrisson,; Messrs. Cameron, Engall, D. Smith, Thorold Wood, Harris, Noble, Penfold and M'Gillicuddy, London; Drs. Drysdale, Moore, Hayward, Stuart and Brotchie, Liverpool; Drs. Nicholson, E. Williams, Morgan and Fallon, Clifton; Drs. Blake and Madden, Birmingham; Drs. Mackintosh and Midgeley Cash, Torquay; Dr. Kennedy, Blackheath. Dr. C. H. Blackley, Manchester; Drs. Ramsbotham and Clare, Leeds. Dr. Scott, Huddersfield; Drs. Woodgates and Massy, Reigate; Mr. Norman, Bath; Mr. Butcher, Reading; Drs. Bryce and Wolston, Edinburgh; Dr. Blythe, Dublin; Dr. Pyburn, Hull; Dr. Clifton, Northampton; Dr. G. Clifton, Leicester; Dr. Wolston, Corydon; Mr. Rowbotham, Woolwich; Dr. Croucher, St. Leonard's; Dr. Bodman, Devizes; Dr. Shuldham, Putney; Mr. Potts, Sunderland; Dr. Galgey, Southampton; Dr. Ker, Cheltenham. From abroad there were present: Drs. Talbot, de Gersdorff, C. Wesselhoeft, W. Wesselhoeft, Baker, Kennedy, Hall and Walker, Boston; Dr. Helmuth, New York; Dr. B. W. James, Philadelphia; Drs. M'Clelland, Bingaman and Cooper, Pittsburgh; Drs. Foster, Woodward and Mitchell, Chicago; Dr. Dake, Nashville; Dr. F. Park Lewis, Buffalo; Drs. Eaton and Owens, Cincinnati; Dr. Higbee, St. Paul; Dr. Ordway, Hot Springs; Dr. Phillips, Cleveland; Dr. Sawyer, Monroe, Mich., Dr. Breyfogle, Louisville; Dr. Welch, Brooklyn; Dr. M'Vickars Cleveland; Dr. Rush, Salem, O.; Drs. Claude and Simon, *Fils*, Paris, Dr. von Dittmann, St. Petersburgh; Dr. Stephens, Cannes; Dr. Meyhoffer, Nice; Dr. Casal, Mentone; Dr. Cigliano, Naples; Mr. Martin, Melbourne. In addition there were about twenty others who omitted to enter their names in the secretary's book.

The meeting having been called to order, the President delivered

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his opening address, commencing by a touching reference to the life and character of the late Dr. Carroll Dunham, the occupant of the chair at the convention held at Philadelphia in 1876. He also noticed the departure from amongst us during the last five years of Quin, Nunez and Hering, Hempel, Grauvogl and Jahr. He then described the arrangements which had been made for securing papers and for facilitating discussion, and passed to the consideration of the objects aimed at in holding these meetings. These, he said, were

1. The consideration of the best plans for propagating the method of Hahnemann. He urged that homœopathy was a method, and not a doctrine or a system. Hahnemann had his theories, pathological, such as psora; physiological, such as dynamization — but there was no such thing as homœopathic pathology, no such thing as homœopathic physiology. He then considered the leading features of homœopathy, the principle, the dose, the single medicine— describing these as, collectively, the method bequeathed to us by Hahnemann. He then vindicated the liberty of the physician who practiced homœopathy in the use of such measures as appeared to him to be best adapted to the individual case before him; arguing, at the same time, that departure from homœopathic prescribing was a grave responsibility—a responsibility that ought to be assumed only after a full conviction of its necessity.

2. The convention had in view the development of homœopathy. This would, he thought, be achieved by the dilligent prosecution of the means at present within our reach, and by further extension of efforts in the same directions.

3. The convention would, it was hoped, have a powerful influence in cementing in friendly union homœopathic practioners in different parts of the world. Dr. Hughes concluded his address by dwelling on the importance of unity among colleagues.

A cordial vote of thanks to the president for his address was passed on a motion proposed by Dr. Conrad Wesselhoeft, of Boston, and seconded by Dr. Meyhoffer, of Nice.

The president then announced that an election for vice-president had become necessary, and after a ballot it was declared that the choice of the meeting had fallen upon Dr. Pope by a large majority.

On the motion of Dr. Clifton, seconded by C. H. Blackley, Drs.

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Talbot, Breyfogle, Meyhoffer and Drysdale were elected honorary vice-presidents.

The president then gave a brief outline of the papers which had been presented on the history of homœopathy in different parts of the world during the last five years.

The report on Belgium was presented by Dr. Martiny, of Brussels, and stated that the number of homœopathists had increased in that country in a suitable proportion. During the last five years two homœopathic medical societies had been established, a new journal (*L'Homœopathie Militante*) had been founded, while the list of new medical works published by homœopathic practitioners was lengthy.

Dr. Logan, of Ottawa, described the state of homœopathy in the Province of Ontario, where from one homœopathic practitioner in 1846, there were now eighty-four. A legal status had been secured, and examiners in homœopathy had seats on the medical council of the province.

Of the Province of Quebec, Dr. Nichol, of Montreal, writes that progress during the last five years, though somewhat slow, has on the whole been steady and satisfactory. "In the City of Montreal, with a population of 120,000, the principles and methods of homœopathy have leavened not only the public mind to a degree quite satisfactory, but even the minds of physicians of the dominant school, quite a number of whom base at least a part of their practice on the law of similars."

Of the Maritime Provinces, Dr. Allan M. King, of St. John, New Brunswick, reports that homœopathy has made solid progress in the Provinces of New Brunswick and Nova Scotia. Since the year 1876 the number of practitioners, though still far below the public demand, has increased, and the popularity of homœopathy has extended.

The report of the state of homœopathy in France was presented by M. le Dr. Claude. He detailed the circumstances which have culminated in the government recognition of L'Hopital S. Jacques. He noticed the International Homœopathic Congress at Paris, in 1878, and described the arrangements which have been made in Paris for the public teaching of homœopathy, and referred to the lectures of Drs. Gonnard, Jousset and Fredault. Dr. Claude then described with much minuteness the various sections into which French homœopathists are divided; the two hospitals in Paris, and

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the third at Lyons, and the various dispensaries of the capitol and and the provinces; concluding by pointing out the kind of influence homœopathy is exerting upon the practice of medicine in France, and the reasons why this is not greater than it is.

Germany was to have been represented in these reports by Dr. Goullon, Jr., of Weimar, but at the last moment he was unable to fulfil the task he had undertaken, and his place was kindly supplied by Dr. Dudgeon, who, from such materials as he could find, gave a sketch of the events which had marked the history of homœopathy in Germany of late years. The losses by death in the ranks of prominent homœopathic physicians in Germany have proved very heavy; and while one journal of old standing has ceased to exist, and two hospitals have been closed, homœopathy has made but little if any progress in that country during the last five years.

The report on Great Britain and the Colonies was presented by Dr. Pope, who commenced by alluding to the extensive adoption of homœopathically acting medicines by members of the old school, and the consequent necessity of our directing attention, more than ever, to the principles which originally brought out these uses of medicines. The efforts to re-unite the homœopathic and anti-homœopathic sections of the profession were shown to have proved abortive, and that the only re-union worthy of the name would take place "when the doctrine of homœopathy receives full and fair discussion in the columns of all medical journals and at the meetings of the medical societies; when ignorance, bigotry, and intolerance have been replaced by knowledge, courtesy, and a respect for opinions carefully formed, experimentally tested and honestly held, not before."

The report proceeds to show that our institutions devoted to illustrating homœopathy have, during the last five years, been well sustained, their efficacy has been increased, and they have in some measure been added to. The condition of the London Homœopathic Hospital and of the origin and present state of the London School of Homœopathy are then described. The position of the hospitals at Birmingham and Bath, the dispensary at Liverpool, and the Convalesent Homes of Bournemouth and Southport are also set forth, the several societies and journals noticed, and the deaths of Drs. Quin, Ryan and Ruddock briefly alluded to.

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The state of homœopathy at Sidney, Melbourne, Adelaide, Bathurst, Hobart Town and Brisbane, Australia, in New Zealand and at the Cape of Good Hope is touched upon in conclusion.

Dr. Sircar, of Calcutta, in a paper of great interest and considerable length, traced the history of homœopathy in India. The first case treated homœopathically in India was that of the Maharaja Runjeet Sing, who, in 1839, was seriously ill, but appears to have been marvellously relieved by Dr. Honigberger, who reports the case in a book entitled Thirty-Five Years in the East, published in London in 1852. The Hakims of the court of Lahore, however, interferred, and regaining their lost ascendency, proceeded to administer to the Maharaja an enormous electuary of which precious stones constituted the chief ingredient, and in less than a fortnight the patient was a corpse. For many years before 1852, homœopathy had been practiced in India by amateurs. In at least three instances homœopathic hospitals were established by wealthy native princes. One was also set on foot by Sir John Little in Calcutta in 1851, and placed under the direction of Dr. Tonnerre. By Mr. E. De Latour, an enthusiastic and capable layman, much good was accomplished in the treatment of cholera by homœopathy. Another layman—a native—Babu Rajender Dutt, began to practice homœopathy in 1861, during an epidemic of malarial fever of especial severity, when his success caused his house to be thronged with applicants for relief. The Babu had other successes of great importance which produced a marked effect upon the public mind. In 1864, Dr. Berigny, a graduate of the University of Paris, settled in Calcutta, and was for a time a great help to the Babu. In 1867 Dr. Sircar was induced to study homœopathy. He declared his convictions in an address before the annual meeting of the Bengal Branch of the British Medical Association, and was excommunicated accordingly. "This," he writes, "has been as nothing compared to the benefits my patients have enjoyed and the consequent consolation I myself enjoyed of an approving conscience." In the Northwest Provinces, homœopathy was being advanced at the same time by Babu Loke Nath Moitra, and a homœopathic hospital and dispensary were established and placed under his care at Benares in 1867. In the same year Dr. Saltzer, a graduate of Vienna, settled in Calcutta, and has since done good service there. In 1868 the *Calcutta Journal of Medicine* was

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established to advocate the cause of homœopathy. In 1869 at Allahabad a dispensary was established under the charge of Babu Preo Nath Bose, a layman of considerable skill; and in 1870, one at Agra under another layman, Babu Gohind Chunder Roy.

With occasional exhibitions of stupidity and ignorance on the part of the allopathic sect, in which they have uniformly been opposed by the intelligent portion of the public, homœopathy has gradually advanced. In Calcutta there are seven qualified practitioners of homœopathy; in the suburbs of Calcutta, five; in Baraset, one; in Serampore, one; in Hughli, three; in Barnipore, one; in Allahabad, one. There may, Dr. Sircar adds, be others of whose presence he is not aware. The number of secret practitioners of homœopathy is, he says, already great, and threatening to be greater still, while the number of lay practitioners is considerable. In Calcutta there are eight homœopathic pharmacies.

Dr. Sircar concluded his paper with some general observations on the requirements of homœopathy, in order to its full advancement.

Italy is reported on by Dr. Bernard Arnulphy, of Nice. He tells us that the political vicissitudes through which Italy has passed have tended to arrest the development of homœopathy. This has arisen from the fact that when the Peninsula was divided into a number of independent states, there was always found, here and there, a sovereign favorable to homœopathy, and thus facilitated the propagation of our doctrines, first among the aristocracy, and then the prosperous middle class. Now, with only one sovereign, and he in the hands of allopaths, this source of influence has gone. Again, the spread of the curious notions of Count Mattei has done much evil. There are, it appears, between one and two hundred homœopathic practitioners in Italy, but so isolated are they that they are scarcely known to each other. There are a few dispensaries—one at Milan, another at Rome, another at Turin, and so on. The journals are *Il Dinamico*, edited by Dr. Cigliano, of Naples, *Rivista Omiopatica*, by Dr. Pompili, of Rome, and the *Clinica Omiopatica*, of Padua, edited by Dr. Coco.

Dr. Arnulphy concludes with an earnest appeal for more homœopathic practitioners, and for more books in the Italian language on materia medica and the practice of medicine.

Dr. Bojanus, of St. Petersburgh, opens his very interesting account

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of homœopathy in Russia, with an examination of the report submitted by the military medical officers to the late Emperor, on the experiments made with homœopathy in the Military hospital of Helsingfors. The number of homœopathic practitioners throughout Russia would appear to be about two hundred. The literature of homœopathy in that country is but slight.

Dr. Lloyd Tuckey compiled a report on the state of homœopathy in Spain. The chief event during the last five years has been the opening of the Homœopathic Hospital in Madrid. To this institution a corps of lecturers on the institutes of homœopathy, materia medica, pathological medicine and surgery and clinical medicine and surgery is attached, and students who have a University degree at the end of one Annus Medicus, receive the diploma of homœopathic doctor if successful in passing an examination. The hospital receives about four hundred patients per annum, and nearly ten thousand out-patients are annually prescribed for in the dispensary attached to it. The Hahnemannian Society is very prosperous, and the journal *El Criterio Medico* has been slightly enlarged and altered.

The condition of homœopathy in the United States of America is reported on with much fullness by Dr. Talbot, the dean of the medical faculty of the Boston University.

Dr. Talbot gave the history of homœopathy in the states from its introduction by Dr. Gram, in 1824, until the present time. It is now represented by 6,000 practitioners, 26 organized state societies, more than 100 local societies, 38 hospitals, 40 dispensaries, 11 medical colleges, and 17 journals. Dr. Talbot gave a clear account of these institutions, and concluded his essay with brief references to some of the leaders of homœopathic medicine who have passed away —Dr. Jeanes, of Philadelphia, Dr. Hempel, of Grand Rapids, Mich., Dr. W. E. Payne, of Bath, Me., Dr. Hering, of Philadelphia, and Dr. Carroll Dunham, of Irvington-on-the-Hudson.

After these reports had been presented a discussion ensued on the condition and prospects of homœopathy at the present time, and the best means of furthering its cause. This was opened by Dr. Talbot, who was followed by Dr. Claude, Dr. Dudgeon, Dr. De Gersdorff, Dr. Bushrod W. James, Dr. Pope, Dr. Leon Simon and others, when the convention adjourned.

On the following morning (Wednesday) a number of members,

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who take an especial interest in sanitary science, met a half-past eleven to hear an address from Dr. Roth, on hygiene, the chair being occupied by Dr. Blackley, of Manchester. In it he spoke of the importance of recognizing the many removable causes of disease by which we are surrounded, and added, that though the science of hygiene has made considerable progress during the present century, its practical application has taken but slight root either among the profession or the people. He then dwelt on the importance of legislation in respect of pure air, water, and food, and on the necessity of medical men studying hygiene as a part of their medical training. He supported cremation as tending to remove many sources of disease. Another matter of importance was the disinfection of the contents of sewers, and another, methods for preventing accidents in trades. The use of compressed air in tunneling was noticed and its effects described.

Dr. Roth then dwelt on the prevention of disease in private families by proper attention to hygiene. He urged the supervision of all dairies, referred to preventible cause of blindness, and to the importance of disseminating information regarding them among the poorer portion of the population. He argued that, instead of establishing homes for cripples, we should prevent children becoming crippled by paying proper attention to their development during infancy. Each of these topics was illustrated by Dr. Roth, with much force, by facts that had come under his observation in practice. He concluded his address, which was listened to throughout with deep interest, by urging a more general diffusion of knowledge through the various educational channels on all matters pertaining to hygiene.

The various points touched on by Dr. Roth formed the basis of a lively discussion.

In the afternoon the chair was taken by the vice-president, Dr. Pope, when papers were presented, of which the following are abstracts.

Thoughts on the Scientific Application of the Principles of Homœopathy in Practice.

By Thomas Hayle, M.D., Edin., of Rochdale.

Dr. Hayle commenced his paper by dwelling upon the importance of facts as distinguished from speculations, arguing that it was from

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rash speculations and reckless experiments that much of the evil that had resulted from the use of drugs in the past had accrued. Referring to the effect produced on Hahnemann by his reflections on the practice of medicine, and his resolution not to terminate his train of thought until he had arrived at a definite conclusion, he describes it as "a frame of mind of which it may be asserted, as an everlasting truth, that those who seek shall find, and that unto them who knock it shall be opened."

Briefly noticing the circumstances which led Hahnemann to the assertion of the law of similars as the basis of drug selection, to the researches made by him confirming its truth, and to such as have since been made, he points to them as having established Hahnemann's discovery beyond question.

Noticing Hahnemann's sole reliance upon symptoms and their most minute surroundings, with the result of setting them forth in a schema which was artificial, he proceeded to consider, from an historical point of view, the infinitesimal dose, describing it as a discovery as brilliant as any in the annals of medicine, and one to which the law was a step. Of the reception of homœopathy among its adherents, he said, the great majority materialized its teachings; their habits and instincts led them to compromise — they preferred the lower attenuations, often giving the crude material. Another branch of homœopathists out-Hahnemann Hahnemann—he gave thirtieths, they gave millionths. He observed positions, aspects, and the weather, and they attended to the most minute particulars and circumstances. That which Hahnemann did from necessity, they do from choice. The resources of pathology were not open to him, and he was therefore compelled to find his similar in a very roundabout way. Symptom covering was his only resource.

Encumbered as it has been, the achievements of homœopathy have been great, but what may not be expected when science has cleared away the impediments and has revealed the essentials in their unadulterated beauty, when we shall have ascertained the nature, extent, and limits of the law, and the essence and relative importance of the symptoms!

Dr. Hayle then passed to a consideration of a rational theory of medicinal action. In doing so, he said: "The peripheral extremities are always furnished with a mechanism adapted to the peculiar

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mode of vibration they are meant to transmit. Heat being a mode of molecular motion requires no peculiar apparatus, and has none. Touch requires an apparatus of a simple kind. As we ascend through the various senses, the apparatus of reception becomes more complex. Thus in the present state of our knowledge, I think it is probable that an apparatus for sensation is constituted somewhat after this fashion: First, there is the nerve cord, a sort of telegraphic wire; then there is the special fluid, the vibrations of which cause our various sensations. Thus, the sense of heat, the impressions of touch, the sense of taste, that of smell, of hearing, and of sight are caused; the last bringing us into communication with the realms of space, and with their phenomena.

"But there are other sensations, not perceptible in health, but which come out in disease, or when the body is affected by certain noxious agents, mechanical or otherwise. Thus, for instance, in a strong, cold, northeast wind, a delicate individual feels a strong sensation of cold which, through the sensory nerves, is conveyed to the brain, from which, through the vaso-motor nerves, the vessels at the surface are contracted, the skin becomes pale, and almost bloodless, or blue and livid. This may be the direct effect of cold. If this ends here, a little warmth sets it right again. But it may not end here. Then another set of reflex actions are set up, terminating in one or more of the internal organs—generally one or more of the serous membranes—the pleural or synovial membranes. These vessels are not strong enough to withstand the shock, and after a few alternations of diameter, some weaker portion subsides into a paralytic state. It becomes dilated, and stagnation of the circulation takes place, and what is called inflammation is set up."

Dr. Hayle then detailed a case where fever and pleuritic stitches were the result of exposure to a northeast wind, which was completely checked by one dose of Aconite[80]. The next day the patient was free from pain and fever, but weak. In explaining the mode of cure in this case, he says: "Medicinal action consists in a particular mode of motion, controlling and altering the mode of motion which is constantly going on in the different nerves. It does not alter the mode of motion that is going on, if healthy, that is synchronous with its own mode of motion; but whatever is amiss, out of gear, it restores to its normal action, and, in fact, sets all right

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that is wrong." A large dose or low dilution not only acts on the diseased parts, but sets up morbid movements of its own, deranging the whole nervous tract.

Comparing Stanley's account of his successful treatment of his marsh fever, in Africa, by large doses of Quinine with those recorded in Ruckert's *Klinische Erfahrungen*, where small doses were used, Dr. Hayle says that he believes the cures wrought by the larger doses are more violent and less rapid, and more apt to return than those by smaller doses, which are accompanied with less struggle, as only the diseased parts remain unaffected. In the smaller dose the vibrations are synchronous with the healthy parts, and only those which are out of gear are touched. In the other case the whole sphere of the medicine, that is, the sphere on which it acts, is abnormally and violently acted on.

In chronic cases, the vessels of the part are chronically dilated and have lost their elasticity. Speedy relapse follows restoration by a single dose. This state of things is to be met by a skillful repetition of dose, and if the part is accessible by a typical stimulant, or by large doses, we should not give a second dose until the first has exhausted its action, and we should persevere with our medicine as long as it seems to do good. Alternations impede the action of the right medicine and prevent the acquisition of experience. "The charioteer in the car of homœopathy," says Dr. Hayle, "always drives at least a pair of horses, but rarely well matched."

In another class of cases crisis is rarely admissible. When the vessels in the interior open upon mucous surfaces, then these relieve themselves partially and set up a series of actions which run a course. First, they contract and the membranes become dry, then their discharges are poured forth and lastly they become thicker.

From the hypothesis thus set forth—that all sensations and pains come under the category of modes of motion, that the rectification of abnormal motions by the setting up of normal ones is probable, and accounts for the non-production of change, and therefore of sensation when the vibrations are synchronous—Dr. Hayle argues that change and therefore cure is only affected when the vibrations are not synchronous, and therefore diseased.

Dr. Hayle concluded by advocating the remodeling of the materia medica, by arranging the symptoms in the order of their occurrence.

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The doses in which the drugs have produces them should be stated, and the effects of a change of dose upon the nature and order of symptoms should be ascertained. The causes, seat and nature of the symptoms should be analyzed.

To accomplish this end Dr. Hayle proposes the formation of an experimental committee. By such work all attempts to include truth by including everything, even the unimportant and minute, would be unnecessary. Transitional and temporary abberrations would be merged in one uniform and scientific system of practice, which might admit of additions but not of change.

Generalization and Individualization.

By R. Hughes, L.R.C.P. Edin., of Brighton.

In opening his paper, Dr. Hughes spoke of the necessity of defining the word "likes." In doing so he described two classes of homœopathic practitioners, the one satisfied only when he can secure a drug which will produce the morbid state supposed to constitute the disease he is called upon to treat; while the other ignores disease for therapeutic purposes as a pathological state, and regards only sick persons. The totality of the symptoms is the sole guide to the simillimum, and if that is not attainable reliance must be placed on the more peculiar symptoms. Dr. Hughes then proceeded to show, by quotations from the Organon and Hahnemann's Lesser Writings, that, while Hahnemann taught that for the multitudinous and diverse forms of disorder which come before the physician, arising from common causes (atmospheric and such like), and having no permanent character, selection by totality of symptoms and treatment as individual maladies formed the best mode of proceeding, yet he ever recognized that there was a certain number of diseases of fixed type, acquiring this by origination from a specific (generally miasmatic) cause. To these he appropriated one or more specific remedies, as always applicable and usually indispensable. And, further, he considers it a positive gain when morbid states, hitherto regarded as individuals, could be referred to a common type and treated by remedies chosen from a definite group, instead of being made the subjects of an indiscriminate search through the materia medica.

From the evidence he adduced, showing that Hahnemann recog-

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nized certain specific forms of disease, which are always essentially the same, and always curable by the same remedy; that he divided miasmatic diseases into acute and chronic, and defined another class of diseases as specific fevers, each epidemic having features of its own, but all cases of each being amenable to the same specific remedy; that he asserted the value of the same remedy for the few diseases which have a constant character; and from the importance he attached to the facility afforded in prescribing by the recognition of the psoric origin of chronic disease; as well as from the fact that he acknowledged the curative power of Spongia over goitre; of bark in endemic malarial fever; of Veratrum album in the water colic of Lauenburg; of Aurum in suicidal melancholia; of the prophylactic power of Belladonna over scarlatina, and of Copper over cholera, Dr. Hughes argued that Hahnemann was no mere individualizer, that he resorted to this method only where other guidance failed him, that for him there were morbid species and specific medicines, and that he counted it real gain to reclaim forms of disease from the desert of symptomatology, to trace them to a common origin and connect them with certain remedies.

Having thus shown that pure individualizers were without authority, he argued that they had no foundation in reason. To obtain a group of allied remedies, generic and specific characters are necessary. Generalization must precede individualization. Further, by generalization we are able to utilize the experience of the past.

There are cases, Dr. Hughes urged, such as goitre and mumps, where we must all generalize exclusively; others, such as nervous disorders, varieties of dyspepsia, and of defective nutrition, which cannot be conformed to any known type of disease, and here individualization is the only reasonable course. Between these two extreme poles there is an extensive zone of genuine morbid species, each requiring the allotment of a group of specific remedies to be differentiated in accordance with each variety and each case. Where, on the other hand, this is not possible, where the practitioner has to choose between a remedy producing symptoms similar to some of the peculiarities of the instance before him or to the type of disease of which the instance in question is a specimen, Dr. Hughes argued that it was of greater consequence to secure similarity to the pathological process itself than, to use Hahnemann's own

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words, "to some accidental concomitant circumstances which do not alter its essential character."

A New Similia.

By A. W. Woodward, M.D., of Chicago, U. S. A.

Dr. Woodward defined disease as a combined picture of pathological lesion *plus* the special sympathetic disturbances attending it; necessitating a remedy, which is a simillimum, not only to the local lesion, but to all the symptoms in the order of their relative importance. Our drug provings fail, he said, in giving the combination and subordination of symptoms peculiar to and characteristic of each drug, rendering us unable to estimate correctly the attending symptoms which govern the success of the remedy. A drug can only be radically curative when it presents a complete parallel to the totality of the disease symptoms. If it cures to-day and fails to-morrow in the same disease, it must be owing to differences existing, not in the local lesion itself, but in the epiphenomena which modify and present a favorable result and to which the drug is not homœopathic. To obtain the knowledge necessary for prescribing in this manner, Dr. Woodward argued that provings must be made on the healthy by a single dose taken in sufficient quantity to produce disturbance of the entire economy. Dr. Woodward then adduced a series of provings of Arsenic, Nux vomica, Cinchona, Veratrum album, Aconite, and Belladonna, which were brought forward to show, (1st), That the same drug when taken in health, and in a single dose, will affect many persons in the same general manner, though the special symptoms will vary; (2d), That all medicines begin their action by excitement, either of the motor, the sensory, or the excretory functions; and that they divide themselves naturally into three groups or classes according to the order in which their general functions are disturbed successively; (3d), That each drug, while exhibiting the general method of action belonging to its class, shows its individuality by the succession in which it disturbs the special organs and functions of the body, thus presenting a combination of symptoms peculiar to that drug alone.

In the proving of Arsenic by three persons—two male and one female—the single dose was, in one case, three drops of the 1x; in a second, a grain and a half of the 1x trituration, and in the third,

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three grains of the 2x. An analysis of the provings showed that, while special symptoms varied, uniformity of physiological action was seen in the symptoms, beginning with morbid sensations, and being followed by morbidly increased or altered secretions—with a final general disturbance of a febrile character. These provings are held to show that Arsenic disturbs not only special organs but the entire economy in one specific direction, and that these disturbances are cumulative. Its use then, clinically, must be governed, not alone by the local symptoms of disease, for they may belong to many drugs, but by the associated sympathetic disorders that must always characterize this remedy in any disease. Thus, excluding the *locus morbi*, gastric symptoms always lead, cephalic are next in importance, and cutaneous, respiratory, spinal, renal and enteric each progressively decrease in importance except when one of them becomes the leading feature as the seat of disease.

The new similia governing the use of Arsenic in disease is, that whatever the disease may be called the indications for this drug are invariable, and will be limited to only two conditions. (1st), That the sufferings and morbid excretions shall exceed the fever. (2d), That the chief sympathetic disorder must always be gastric, the second cephalic, the third cutaneous, etc. In this manner Dr. Woodward examined the provings he had conducted of the medicines already named.

The subject of discussion, which the papers introduced, was the selection of the remedy. It was opened by Dr. Drysdale, who was followed by several speakers. At its conclusion the next paper presented was—

On the Alternation of Medicines.

By Dr. Martiny, of Brussels, and Dr. Bernard, of Mons, Belgium.

The authors define alternation as the successive administration of two or more remedies which recur in turn in a regular order and at intervals sufficiently approximated, so that the duration of the action of the one drug may not be quite exhausted before another succeeds it.

This methodical alternation they consider constitutes an important step in practical progress.

In taking a retrospective view of the practice of alternation, they

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refer to Hahnemann, who, in the edition of the Organon published in 1810, admitted its necessity, because of the "insufficient number of remedies tried up to that time."

Hering, Gross, Rummel, Ægidi, Kœmpfer, Hirsch, Hartmann and Perry are cited as supporting the alternation of medicines in the early history of homœopathy, and Teste, Jousset, Mouremans, Espanet, and Van den Necker as doing so in later years.

The ideal of the practice of homœopathy, the finding of a remedy whose pathogenetic symptoms comprise the totality of the morbid symptoms, actual and antecedent, personal and hereditary, objective and subjective, is, they say, one bristling with difficulties—difficulties which have led to the alternation of drugs. They doubt whether the progress of therapeutics will ever bring us exclusively and definitely to the simplicity, so seductive, and, in appearance at least, so much more logical, of the administration of one single remedy: and consider that so long as this ideal or even unrealizable perfection of the method is not attained, it is, from a clinical point of view, advantageous in ordinary practice to habitually alternate remedies two by two, or three by three, or even four by four, when two or three drugs are not sufficient to cover all the symptoms, or do not answer to all the causes of disease both profound and occasional. For example, an acute pleurisy occurs in an emphysematous patient who has had hæmorrhoidal troubles:—Aconite will be alternated with Bryonia and Arsenic; and when the acute symptoms are calmed, we believe that to obtain a prompt and durarble cure, we must give Bryonia the first day, Arsenic the second, Nux vom. the third, and perhaps Sulphur the fourth.

They then illustrate this method of prescribing by reports of a series of cases, in each of which, several remedies were used either in alternation or succession.

In discussing the *modus agendi* of medicines thus prescribed, they argue:

1st, That sometimes they act as adjuvants, and instance Spongia and Hepar in croup and Aconite in acute inflammation, alternated with Belladonna and Mercurius, etc.

2d. They act sometimes as correctives—as in cases where special susceptibilities to the action of certain medicines exist—as when Sul-

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phur cannot be taken singly; but when alternated with Nux it does good, while the Nux vom. alone would be inefficacious.

3d. They think that sometimes alternated remedies seem to constitute a new medicinal means endowed with new properties, illustrating this by Dr. Kafka's experience, who says that he has cured chronic catarrhs of the stomach by alternating Nux vom. and Calcarea after having uselessly administered these two remedies singly.

4th. That under the influence of remedies of more or less different, sometimes even antidotal action, the remedy seems to react more briskly; the vitality seems to emerge from the torpor into which it appeared plunged.

They next proceed to consider the objections made to alternation:

1st. Alternations were condemned by Hahnemann.

2d. With alternation it becomes difficult or impossible to discuss the characteristic effects of each of the agents employed. The object of giving remedies being to cure and not to experiment, they regard this objection as having no weight.

3d. The alternation of medicine is nothing more or less than a disguised return to polypharmacy. This objection, they assert, is only a specious one. Polypharmacy means the simultaneous employment or mixture in one formula of several different substances, whilst the method advocated consists in the employment of single remedies at short intervals.

4th. The alternation of medicines, if elevated to a system, will simplify too much the practice of homœopathy; it will favor the laziness of medical men, and the usurpation of the art by outsiders.

The simplification of the practice of homœopathy, so far from being matter for regret, should, they argue, be considered as a benefit.

5th. We can admit strictly the alternation of two medicines, but that is the extreme limit of the concession we can make to the partisans of alternation.

This objection they regard as specious, as, if it is admitted that two remedies may be alternated, there can be no valid reason why a greater number should not be used in succession.

The president now resumed the chair, and a discussion on the alternation of remedies, opened by Dr. Clarke, took place.

[Concluded in September number.]

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CORRESPONDENCE

Editor MEDICAL COUNSELOR:—Your editorial in the June number of your journal, as it refers to me by name in connection with your previously expressed ideas of the International Hahnemannian Association, seems to demand from me the "communication for which we (you) have been looking with some eagerness." A communication that I had not intended to make, for the reason that through a private correspondence I had already, as supposed, with fullness and explicitness, discussed this matter with you, giving you full liberty to use the same and my name also in your further notices of the International Hahnemannian Association. Also, for the further reason that I had already, or, was about to do so, sent a communication relating to this matter to the *Hahnemannian Monthly*, and which was published in its May number, entitled "The Internationals not Disunionists." This article met the statement made by yourself as well as those made by other journals, with *a flat denial* in holding the aims and objects of the International Hahnemannian Association to be schismatic, or as an entering wedge to ultimate separation. On this head I shall content myself with referring yourself and your readers to that article, only adding that at the formation of the International Hahnemannian Association at Milwaukee, in 1880, every such purpose was repudiated, and would have been voted down if it had been formally proposed, which it was not. That such a purpose may have been entertained by individuals members of the association is not improbable; you cite Dr. Berridge as an instance, and his language, as you quote it, would indicate the justice of your imputation. But, the International Hahnemannian Association, no more than the American Institute of Homœopathy, is responsible for the views of its individual members. When it has formally taken such action as you charge, and publishes it in its Transactions, you and others of your fraternity will be justifiable in your strictures, but not until then. As yet it has done nothing of the kind, and so far as I am informed, has no such intention for the future.

Such being the fact, the conclusions from the premises you have set up, as the corollaries that you deduce, are as false as are the prem-

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ises themselves. It does not follow that because Dr. Berridge or Dr. Pomeroy, both members of the International Hahnemannian Association, entertain and express openly ultra and unacceptable views, that therefore the other members of the association "if they retain their membership, they by virtue of this membership endorse Dr. Berridge's (or Dr. Pomeroy's) views." This no more than that the members of the American Institute of Homœopathy shall be held responsible and endorsing the sentiments of the celebrated "Rejected Address" some years since read before that body, and by it formally rejected. No such formal presentation of the views you so warmly discuss has ever been presented to the International Hahnemannian Association for its consideration, much less for its adoption, and hence no specific action thereon has been taken.

Imitating your example, I will undertake to prophesy a little, and affirm, that whenever such action as is herein canvassed, *is* taken, then the substance of your prophetic-visions will become a verity and the International Hahnemannian Association will become one of those "illusions of the past," of which we hear now and then. Prophecy is a valuable gift when judiciously and unprejudicially exercised. As to matters homœopathic, it has hitherto been exercised exclusively by the allopaths as their especial role, and for over seventy years, with a success, it is to be hoped, that your prophecies as to one association will fully attain, and shall I say one that they fully merit.

If there was a resolution introduced at our recent meeting at Brighton Beach "that members in the habit of practicing or teaching the alternation of remedies should be expelled," I am not aware of it, if not, then such a resolution was not "overruled by a decided majority." Had, however, such been the case, the voting such a resolution down could not place the association at variance with "the teachings of Hahnemann" on the "single remedy" question, unless the association formally, by the adoption of a resolution to that effect, repudiated those teachings and endorsed the alternation of remedies. This it did not do, I am sure. I opine that the members of the International Hahnemannian Association, although fully believing and very uniformly practicing on that maxim, do not purpose to shut their doors against some of their members whose expe-

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rience and study has not yet taught them this truth, any more than to exclude others from membership only for that reason.

There *was* a resolution proposed that exacted from the members a system of mutual espionage with reference to method of practice non-homœopathic; this resolution *was* "overruled by a *decided* majority," and very emphatically. The matter of the alternation of remedies may have been referred to through individual remarks, when this resolution was under discussion. I think it was.

If I may be permitted to state my personal belief as to the views and purposes of the large majority of the members of the International Hahemannian Association, I will conclude this paper by stating that they have themselves not yet attained such excellence in the use of the "strict inductive methods of Hahnemann," that they can afford or desire to exclude from fellowship any who with themselves are striving for the attainment of that end, and consequently that they will ever be ready and eager to extend a helping hand, and a hearty welcome to their association, of all who are honestly striving to the same end, even though as yet they may have only reached the "half-way" house thereto.

In all honesty I must confess that in those portions of Dr. Berridge's papers that you have quoted, this sentiment seems to be its real animus, and fairly he should be judged by this rather than by any egoism that may be apparent to some. Surely, you, Mr. Editor, regard yourself and your journal as separated "from those who *will not learn*, and who *deliberately reject* Hahnemann's practical rules," (the italics mine); your often reiterated sentiments in your not infrequent editorials indicate this, as your known admiration of Hering, Dunham and Hemple demand this much of you in order both to honesty and consistency as a homœopathist. Perhaps you would not yourself care to be judged as harshly as you have judged Dr. Berridge, however at fault you might be. I think that he will, in the light of facts that pertain to human experience, and to the conformation of the human mind, come yet to see that there needs *must be* diversities of thought, and diversities of action in order to the accomplishment of great ends, and the attainment of the greatest aggregate of good, the sum of all knowledge.

I think, therefore, that you, nor your colleagues in editorial robes, need not fret yourselves, nor worry your patrons farther with the

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schemes and purposes of the *International Hahnemannian Association.*

T. F. Pomeroy.

[Usually speaking, it is not quite fair to print editorial comments upon contributions of a controversial nature in the number which contains such contributions; writers like to give their readers a chance to digest what has been said by them before an attempt is made to counteract the force of their statements; we offer then a formal apology to Dr. Pomeroy, if our desire to dispose of the whole matter leads us to say *now* the little we desire to add to the remarks made by us in a former number of this journal.

So far as the members of the International Hahnemannian Association, individually or collectively, labor to advance practical, scientific homœopathy we sympatize with them and wish them success. We were heartily glad to see Dr. Wells' article upon "Unproved Remedies" (*Homœopathic Physician*, Aug., 1881), and the stand taken by Dr. Lippe against the use of nosodes and the habit of "bottle-washing." We believe the majority of members of the I. H. A. are animated by the best of motives, and this conviction leads us to regret that the association has neglected to rid itself of a burden which they might have thrown off. In spite of every assurance from Dr. Pomeroy that Dr. Berridge's views and aims are not shared by the association, but that its members are even opposed to them, there stands on record the formal indorsement, by the association, of the man who publicly and over his own signature expressed his satisfaction at the final organization of this society, which to organize he had labored for years, then hoping, and now confident, that it would prove the means of breaking up the school as now organized.

It is our opinion that common prudence should have lead to a formal disavowal of Berridge's declaration; and, surely, the members of the I. H. A. have reason to know that the Doctor's aggressiveness, his eccentricities and his self-assurance have placed him in a position where his support is more dangerous to a new enterprise than his opposition could be. It is also justly presumed, statements to the contrary notwithstanding, that officers of an association or party do represent the sentiments of their constituents; in fact, all associations or parties elect men to offices *because* these men are known to be in sympathy with the aims and purposes of the societies

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which honor them. How impolitic then in the I. H. A., organized with a purpose to preserve unity and harmony, to elect and *re-elect* to an important official position one who has boldly and publicly avowed his purpose to create disharmony and a schism!

Dr. Pomeroy's illustration is not happy! The American Institute—we do not care to discuss the wisdom and justice of the act itself—did most emphatically express its dissent from the views expressed in the "Rejected Address," and did not elect its author to the presidency until many years had passed; had the Institute at once proceeded to elect the author of the address to its presidency, or had it remained absolutely silent, after hearing the address, we would infer that the views expressed in the address were either the views of the Institute itself, or were not obnoxious to its members.

It would have been sensible and consistent had the I. H. A. put Dr. Berridge upon the retired list for an indefinite number of years; it is possible that sometime in the far-off future it may be safe for an association to elect to representative positions men as short-sighted and indiscrete as the gentleman referred to. At the present time the experiment involves danger. *We* are done!—*H. R. A.*]

CLINICAL CASES AND VERIFICATIONS.

G. N. BRIGHAM, M.D., GRAND RAPIDS, MICH.

EUPATORIUM PERFOLATUM.

A child, sick with bilious intermittent fever. Chill at 8 A. M. More shivering than the degree of coldness warrants; during chill, thirst and headache, much nausea and vomiting of bilious matter and the end of the chill. Prescribed Eupatorium perf. No more chill; case cured.

KALI CARB.

Called to a lad, aged six years, just returned from a journey to the State of New York; is always made sick when he goes on a visit there. Has had frequent stools for three days, with considerable fever, followed by prostration and loss of appetite. Stools are of light-gray color, and liquid. Has been called for three mornings at about 3 A. M. Kali carb.^{200} cured promptly. Bell says: "Kali

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carb. is only useful in chronic cases, with the peculiar cachexia revealed by the puffiness under the eyebrows." This case is an exception. The time of aggravation was the key-note symptom.

BRYONIA.

H. N. S. contracted army-diarrhœa while in the campaign of the Mississippi Valley. Has never been able to cure it, or even to get any particular benefit. Stools are light colored, rather copious and weakening, though he has kept about and is not extremely emaciated. Usually he is called up two or three times in the night, soon after midnight. Stools more frequent in the late afternoon; passes a good deal of flatulence while at stool and at other times; stools very offensive, smelling like carrion; he feels weak after stool, and there is cramping and drawing in the legs. He is sensitive to cold, and, when undressing, *chills creep over him. Is always worse in the summer and in warm weather*, and *always worse from motion.* He is restless at night; wants food well seasoned, but appetite is very poor; throws off food in an undigested state; cold milk seems to agree better than anything else. Stool excoriates and is hot. Aloes^{200} was first given with some considerable amelioration, but after a little while the trouble returned. Bryonia^{200} was followed by rapid improvement and a cure.

MEDICAL MEMORANDA

EDITOR'S TABLE.

Dr. Z. W. Shepherd has removed from Waterloo, Ind., to Niles, Ohio.

Dr. A. M. Cushing has removed from Lynn to 116 West Newton street, Boston, Mass.

Dr. C. E. Fisher, of Corsicana, Texas, has associated with him, in the practice of medicine and surgery, Dr. E. B. Rankin, late of San Antonio.

Wanted.—A copy of Jahr's New Manual with Possart's additions. State condition and price. Address W. A. Chatterton, 85 Fifth avenue, Chicago.

The Homœopathic Medical Society of the State of Pennsylvania will hold its Seventeenth annual meeting at West Chester, Sept. 20, 21 and 22, 1881.

Prof. Aug. Korndœrfer has resigned the chair of clinical medicine and physical diagnosis in the Hahnemann Medical College of Philadelphia. Dr. Chas. Mohr, formerly lecturer on pharmacy, has been appointed lecturer on clinical medicine and physical diagnosis.

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The Homœopathic Medical Society of the State of New York will hold its Thirtieth semi-annual meeting in the court house, at Watkins, N. Y., near Watkins Glen, Tuesday and Wednesday, Sept. 6th and 7th, 1881.

We do not wonder that our "old school" contemporaries quote, for purposes of ridicule, the absurd eccentricities of many practitioners of "our school." They are not more amused than many of our own are, but they should bear in mind that the jackasses are not all in our fold. (*N. Y. Med. Times.*)

The report of the New York Ophthalmic Hospital for the month ending July 31, 1881, is as follows: Number of prescriptions, 3299; new patients, 506; patients resident in hospital, 12; average daily attendance, 127; largest daily attendance, 197.
Chas. Deady, Resident Physician.

The American Pædological Society, at its meeting, 1881, elected the following officers for the ensuing year: Dr. S. Lilienthal, of New York, president; Dr. W. B. Chamberlain, of Worcester, Mass., vice-president; Dr. W. P. Armstrong, of LaFayette, Ind., secretary and treasurer; Drs. G. T. Foote, T. C. Duncan, E. U. Jones, M. Deschere, D. Foss, censors.

We would call the attention of our readers to the plan of the work of the committee on legislation of the American Institute of Homœopathy, as published in the July number of the COUNSELOR. We hope sincerely that the profession at large will co-operate heartily with the gentlemen who compose the committee; our own experience in similar work leads us to the belief that direct appeals by members of the bureau to individual members of the profession will probably be the only manner in which desired information can be obtained.

PHILADELPHIA, 1708 Green Street, June 25, 1881.—*Dear Editor:* Allow me, through your journal, to ask the aid of every member of the homœopathic profession and friends of homœopathy everywhere, in obtaining information concerning the topics named in the circular of the committee on legislation (in your July number). Having personally assumed that of the "Army and Navy," I wish to know: First, What homœopathic physicians have applied for admission to either, and the result, date, circumstances (*concisely*), rank, services, experiences, discharge; second, suggestions from such, and others, for the future. On each of the other topics, correspondents will please address the various members of this committee in like manner. Credit will be given to all such. *John C. Morgan*, Chairman.

We beg leave to call the attention of physicians to the advertisement of the Anglo-Swiss Milk Food for infants, prepared by the Anglo-Swiss Condensed Milk Company in Cham, Switzerland, and sold in this country by Mess. Thurber & Co. The proper feeding of infants is a subject that has always taxed the skill and knowledge of professional men, and experience has at last shown that condensed milk is more extensively used at present with happy results, than any other substitute for mothers' milk. Care must however be taken in using condensed milk, as there is danger of children suffering from food too rich and nutritive for proper digestion as well as from receiving too little nourishment. The Anglo-Swiss Milk Food is intended to take the place of condensed milk, whenever the use of it has been partially or fully discontinued, say from the age of four months. The superiority claimed for this food over any other farinaceous food is that the former is so prepared that when gradually heated with water, according to the directions for use, the starch contained in the materials used, and which in its individual character is highly detrimental to degestion, is converted in a satisfactory degree into soluble and easily-digestible dextrine and sugar. The Company do not claim that the starch in this food is wholly converted, but that the comparatively small portion remaining has been so deprived of its individual type as to render it impossible to form a paste from the Food by heating it with water. The analysis of the Anglo-Swiss Milk Food contains 5 to 6 per cent. of moisture, 14 to 15 of nitrogenous matter, 54 to 55 of carbo-hydrates soluble in water, 15 to 16 of carbo-hydrates insoluble in water, 5 to 6 of fat, and 2 to 2 1-5 of ash.

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THE

MEDICAL COUNSELOR

A MONTHLY JOURNAL DEVOTED TO THE BEST INTERESTS OF HOMŒOPATHY.

"Amicus Plato, amicus Socrates, sed magis amica veritas."

H. R. ARNDT, M.D.,
EDITOR.

The editor does not hold himself responsible for opinions expressed by contributors.
Articles for publication, books for review and exchanges must be addressed to Dr. H. R. Arndt, No. 62 Monroe street, Grand Rapids, Mich. Subscriptions, advertisements, etc., must be addressed to W. A. Chatterton, Nos. 83 and 85 Fifth Avenue, Chicago, Ill.
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EDITORIAL.

WHEN we remember the arrogance of the old school of medicine in its dealing with all other schools, showing itself more particularly in persistent claims upon the various state governments to be made the "high tribunal" which shall decide who is, and who is not, capable of healing the sick, we would presume, as a matter of course, that this same old school of medicine must be far in advance of all other schools of medicine in its knowledge of efficient curative agents and in the manner of their use in the sickroom, for it is generally held that the chief business of the physician is the prevention of illness and the healing of the sick, and that his most important qualification is an intimate acquaintance with the means employed to bring about these results; among these means drugs hold an important place. It requires only a slight acquaintance with the literature of the old school to find out that such a presumption, if entertained, is fallacious. In fact, one needs to remember all the work done by the giants of the dominant school in the fields of physiology and pathology not to have change into utter contempt that degree of quiet amusement which necessarily results from a perusal of their therapeutical and clinical notes, especially when they concern the grand discoveries in the line of the so-called New Remedies.

Very frequently their new discoveries are only a rehash of what has been known for many, many years to the studious, and perhaps to all, practitioners of the homœopathic and eclectic schools. When our old-school neighbors are conscious that this is the case, they draw about them the closer the soiled robes of professional dignity,

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trusting, we presume, that their ghostly appearance will protect them from close scrutiny. The rehash itself is usually a very imperfect piece of culinary art, for they can only take in the crudest facts, and seem to glory, in their reports of these "new remedies," in carefully omitting all there is essential or characteristic in the action of the respective drugs; this undoubtedly furnishes the reason why every drug has a brief, if brilliant, career: in the morning, praise to the skies; at noon, treated with indifference and distrust; at night, cast into disgrace and oblivion.

The clinical evidence offered in favor of certain new methods of treatment by new remedies is usually a mere parody upon what such a report ought to be. Rarely is one remedy alone used, and the description of the case itself and the enumeration of reasons for the selection of a certain line of treatment is either ridiculously incomplete, or is wanting altogether. Neither do these great "scientists" care for accuracy; they are quite above it. Dr. B needs only report that Mr. C has been cured of obstinate constipation by the administration of Cascara sagrado after all other remedies had failed, or that Mrs. D had suffered from amenorrhœa or dysmenorrhœa for five years when the use of Pulsatilla brought about a perfect recovery, to secure to these remedies, tested thus "scientifically," an immediate recognition by the only "scientific" school in existence, and to cause the publication of a flood of "testimonials" from an unlimited number of "us 'scientific' doctors." To make such a report highly acceptable, and to secure to its author a recognized position in "scientific" medical literature, it must close with a slur upon homœopaths and eclectics, certainly upon the former, and it should contain one or more complimentary references to the drug house which was kind enough, etc., to furnish the sample.

If an homœopath has lost faith in the good sense of his colleagues, if he is depressed by a consciousness of the lamentable amount of ignorance we, as a school, are obliged to carry, let him, for the sake of justice, look at the rank and file of the old school; there are hundreds and thousands of them, all over this country, shouting themselves hoarse in denouncing us, yet being led by the nose, and yielding implicit obedience to the mandate of a few enterprising druggists by meekly prescribing, and risking human lives upon, whatever mixtures the wholesale druggist or chemist sees fit to put up in convenient form and to recommend as an efficient medicinal agent. Talk of the advances in "scientific" medication! In spite of all the innovations and important modifications that have been forced upon the old school by the popular demand and by the necessities of self-protection, these "scientific" wiseacres are going around the old circle, stubbornly, boastfully, in blissful ignorance of the fact that their eyes are closed and their hands tied by their own shortsightedness and folly. If an homœopath craves for a union of schools, let him look over their clinical records, let him study the "inwardness" of the recent movements in favor of the "new remedies," and if such a study does not cure him of his desire, we are prepared to, and in duty bound to, assert that he never has had, and can never have, the faintest conception of what the *true* science of therapeutics will be.

THE *Medical Record*, Aug. 6, 1881, copies from a recent number of a leading German periodical substantially the following: Dr. Oscar Kollman reports the per-

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fect recovery of four cases of osseous caries under the employment of unctions of green soap. In the first case the disease affected the sternum and bodies of several vertebræ, the patient being completely bedridden; the second case was one of caries of the small bones of the foot, while the last two patients had caries, respectively (carious ?) periostitis of one or more ribs. * * * No other treatment was resorted to, except the internal administration of Cod Liver Oil.

This report is headed:

A NOVEL METHOD OF TREATING CARIES.

Since we are only a poor despised homœopath, we may assume too much by offering a few remarks upon a method so *novel*, discovered by a physician so eminently "scientific," reported and quoted by journals so thoroughly ground in their orthodoxy that they can utter nothing but words of contempt for the wilfully-blind scalawags who follow the inductive method of Hahnemann in their treatment of the sick; and yet, a few remarks may not be wholly out of order.

Where did the "scientific" house-physician to the prison for women in Wuerzburg get the inspiration to use GREEN SOAP for the purpose stated? Did this brilliant idea, this "novel" method come to him in gentle whispers from the lips of one of his aged patients? Alas! "Scientific" medicine, in its practical relation to humanity as disease-curer, would occupy an infinitely higher position than it now does, were the experience and the advice of old women heeded more frequently. The house-physician must feel grateful to his obliging, helpful wards, for without their counsel, or the counsel of other old women very like the old women in the Wuerzburg hospital save that *they* have the right to doctor themselves and thus get well the quicker, his name might not have been heralded throughout the civilized world as the discoverer of the novel method of curing caries by inunction with green soap. And yet, we would meekly suggest to our Wuerzburg friend the wisdom of economy in the measure of his gratitude. It is *barely* possible that the old woman's whispering alone did not make his reputation; perchance the GREEN SOAP did *not* cure his patient, and, if not, why! then our eminent "scientist" and green-soap specialist should not waste his sweetness upon old women. Did Dr. Kollman use anything but GREEN SOAP? Probably not, else he would not have ascribed to it all his glory, and the editorial eyes in America, if not in Europe, would have quickly detected this one very big flaw in the report of these brilliant cures of caries by GREEN SOAP. Had any other agent been used, Dr. Kollman, the editor of the *Berliner Klinische Wochenschrift*, and the editor of the *Medical Record* would not have jumped at the final conclusion that GREEN SOAP, none other, constitutes the very climax, is the very "excelsior," in the treatment of these cases of caries.

What does Dr. Kollman say? "*No other treatment was resorted to, except the internal administration of Cod Liver Oil!*" COD LIVER OIL!!

Cod Liver Oil? Does it occur to the "scientific" house physician and to these eminently scientific editors that *possibly* the patients got well because of the administration of Cod Liver Oil, and that GREEN SOAP may be an unutterable humbug?

Let us see! Has Cod Liver Oil ever been used in the treatment of caries?

Dr. The. J. Rueckert, a *homœopath*, years ago, published several large volumes of Clinical Experience in Homœopathic Practice. Dr. Kurtz (1837) is by him quoted as follows: "I would consider cod-liver oil almost a specific when, in children, a

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sudden and very painful swelling of one or more joints (i. e., bony structure,) arises after a brief preliminary paroxysm of fever." Knorre quotes Dr. Brefeld (1835) as follows: "We have at present no medicinal agent which can even approach the efficacy of cod-liver oil in scrofulous affections. It is an incredibly powerful agent, of peculiarly specific action, and it cures even cases in which help, judging from appearances and from former experiences, seems beyond the reach of medicines. It acts with especial promptness where the cancellated structure is involved, in the various forms of rachitis, arthrocace, and in scrofulous *caries*." The same author cites at length a number of most instructive cases, among which we find cures of caries of the lower jawbone, of the bones of both hands and wrist, of the fingers, tibia, leg, arm, and vertebræ.

But "scientific medicine" is not expected to take cognizance of the experience of homœopaths, or even of men who are guilty of being quoted by homœopaths, hence we will waste no labor in this direction. But did our house-physician, did our learned editors, ever hear of a large and celebrated work by a certain Dr. J. Frank, one of the straightest of the straight, published at Leipzig in the year of our Lord 1849? Frank, speaking of Cod Liver Oil (*Frank's Magazine*, vol. ii., p. 425,) says: "Scrofulosis is the grandest and the true field of action of this agent. The external manifestation of this disease has no bearing upon the curative powers of the oil, and it brings about the most astonishing results when the power of cell-reproduction is at its lowest ebb. It is a sure cure in ulcerations of the cutaneous and *osseous* system," etc. He makes especial mention, as coming within the curative action of the oil, of such cases of caries which are frequently found in *prisons*, owing, probably, to the action of foul air, confinement, etc., upon constitutions already vitiated. Frank (vol. ii., p. 828,) quotes Schenk (1839) as having cured caries of the left ankle, and Knolz (1839) as having cured, with the oil, three such cases, (i. e., one case of caries of the right knee and right elbow, one caries of the olecranon, and one partial cure of caries of the sternum). In a foot-note (vol. ii., p. 425,) Frank states that out of eleven (11) cases of scrofulous inflammation of bones four (4) cases were cured, and most remarkable improvement, equivalent to assurance of eventual cures, was caused in all the other cases. Of thirteen (13) cases of *caries*, not depending upon a scrofulous diathesis, six (6) cases were cured; great improvement and marked modification of existing disorders was brought about in four (4) cases, and three (3) cases showed no improvement.

Dr. J. H. Dierbach, a Professor of Medicine in the University of Heidelberg, in 1847 published a work entitled: The Most Recent Discoveries in Materia Medica. Dr. Dierbach, an excellent authority (our editorial friends and our house-physician, we trust, have seen this book, or have heard of it,) furnishes an elaborate and very interesting article on Cod Liver Oil. In the course of his article (vol. iv., p. 1320,) he makes mention of the following: "Cod-liver oil possesses excellent curative properties in scrofulous affections of the bones, (*caries*, etc.)."—Dr. Hirtz. In describing the changes caused in the patient under the administration of the oil, he says: the cachectic appearance loses itself, the flabby flesh becomes more solid, the enlarged glands become smaller and are scattered, the abscesses (and even fistulous openings) look healthier and heal, ulceration of the osseous structures becomes smaller and disappears, and even scrofulous *caries* come to a happy termination under its exhibition. Again: favorable results were obtained (by Dr. Boersch) in "several

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cases of rachitis, in others of scrofulous affections of the bones with ulceration, even in coxarthrocace, * * * in which, *without the use of any local treatment* [not even green soap!] the entire scrofulous habit was improved and a perfect cure of the local affection resulted under the prolonged use of cod-liver oil. The same author, Dierbach, mentions authority after authority speaking in the highest terms of the use of this oil in *caries*, coxarthrocace, rachitis, necrosis, malacosteon, and other affections of the bone structure.

Did space permit, we might go on, page after page, citing authorities which even the editors of the most "scientific" medical journal dare not ignore, showing indirectly: (a) how little merit it takes to be bolstered into notoriety, in the "scienitfic" school of medicine, by reports of absolutely valueless clinical cases; (b) how ready the "scientific" school is to accept anything that has about it the faintest odor of novelty; (c) how dangerous and how unreasonable it is to attribute curative action to one particular agent when other medicinal agents were in constant use at the same time; (d) how little the "scientific" school of medicine deserves this self-assumed title, when it is not only fifty years behind the the therapeutic knowledge of a school which it seeks to legislate out of existence, but when its leading members are not even acquainted with its own standard authorities on materia medica and therapeutics of twenty-five or thirty years ago.

DIABETES MELLITUS.

J. D. CRAIG, M.D., DETROIT, MICH.

Read before the College of Physicians and Surgeons of Michigan, at Detroit.

III.

Although the experiments quoted would seem to show that the origin and nature of diabetes could be readily made out, the truth is, that there are many difficulties in the way of thoroughly understanding it, not the least of which is our want of knowledge as to the use of sugar in the urine.

In a healthy condition of the body, sugar is known to almost wholly disappear in the lungs, and for this reason as well as from the fact of its being a hydro-carbon, the opinion was long entertained that its sole use was the production of heat, but this idea is now abandoned.

It has been already stated that Bernard and others found that when sugar was found in excess in the blood it passed over and was found in the urine. If its only use in the system is to furnish fuel to be burned in the lungs for the production of heat, it follows that anything which interferes with the respiratory function, would neces-

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sarily produce diabetes, and we should expect to find sugar in the urine in all cases of pulmonary disease. It cannot be denied that this happens in many cases of pulmonary tuberculosis. Abeles found on examining sixty-six cases of consumption that there was sugar in the urine of eighteen of them, and although the proportion is large, being thirty-seven per cent, the greater proportion when it was not found proves that we must look elsewhere for the cause of diabetes as well as the final destination of sugar in the system. Whether in its passage through the lungs, sugar absorbs nitrogen and thereby becomes changed to a protein body as some have supposed is still a matter of doubt; it is, however, quite certain that the muscles use up both glycogen and sugar in this action, and this fact may help us to understand some cases of the disease under consideration.

It has already been stated when speaking of the effects of irritating the fourth ventricle of the brain, and nerve centers contiguous to it, and in considering the morbid changes in the splanchnic and sympathetic nerves which were found by post-mortem examination, that the diabetes in these cases was no doubt caused by a hyperæmia of the liver, set up by the action of the vaso-motor nerves producing relaxation of the muscular walls of its blood vessels, thus producing an increased circulation of blood through the hepatic cells, and necessarily increasing their functional activity. The amount of sugar in the blood is increased in two ways by this condition. First, more glycogen and sugar is produced than in health; and, second, the sugar from digestion passes through the cells with increased rapidity, and does not remain in them long enough to be acted upon, and much of it passes into the hepatic veins unchanged, and is thrown off by the kidneys.

Whether disease of the nerve tissues referred to exists, or not, in any given case of diabetes cannot be proven by the mere presence of sugar in the urine, because there are other conditions that will produce this result.

It has been shown that Schiff produced mellituria by thrusting long needles through the skin into the liver and moving them about so as to produce congestion of that organ. The same result was also produced by poisoning with Curare, Carbonic oxide, Nitrite of Amyl, Nitro-Benzole, Phosphoric acid, Terebinthina, Mercurius cor., and

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Nitrate of Uranium. Of there medicines, Curare produced the disease most constantly and its action was no doubt on the nervous system, because a pathogenesis of its action shows as one of its most prominent symptoms a severe pain at the base of the brain. Most of the other medicines act directly on the liver, and we may safely assume that anything that will produce a hyperæmia of the liver, whether acting on that organ directly or indirectly, will be likely to produce diabetes, but whether the disease may be temporary or permanent will depend on the nature of the cause and the changes that has taken place in the hepatic structure. Post-mortem examinations have shown that in diabetes the hepatic cells were hypertrophied, and if this condition becomes permanent in any given case it is likely to be accompanied by constantly increased functional power.

If the presence of sugar in the urine is not always accompanied by disease of the base of the brain and sympathetic nerve, neither is there present disease of the liver in all cases. The sugar consumed in food as well as the starch which is changed into sugar in the alimentary tube is a fruitful source when indulged in to excess, and in the case of nursing women some may be furnished from the mammary glands, but this is only a temporary condition, and is of but little consequence as it will pass away when the over-indulgence is corrected.

Much of the sugar of the food and starch is changed in the alimentary canal into lactic acid, which in turn is wholly oxydized in the blood. The remainder of the sugar is absorbed by the radicals of the portal vein and the lacteals. Now if abnormal conditions of the alimentary canal exists whereby the conversion of sugar into lactic acid is interfered with, it is absorbed unchanged by the lacteals into the blood and is a source of its saccharinity. What office sugar performs in the chyle in a state of health, it is difficult to understand, but that a certain amount is absorbed by them has been proved conclusively by experiment, and that this absorption may be greatly increased has also been proven. M. Andral found a case of diabetes in which there was complete obliteration of the portal vein, so that the sugar which was found in the blood and urine must have come from the digestive tube through the lacteals alone, and this case shows that the disease may exist from obstruction of the portal vein or disease of the liver whereby the glycogen forming function of the hepatic cells is interfered with.

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Diabetes is a comparatively rare disease. In a practice of twenty-one years I have seen but few cases, and as I have said it occurs at all ages. It is rare for the disease to develop late in life, whilst it more frequently arises in middle life and follows the patient to old age. Amongst adults, men are more liable to the disease than women, whilst the contrary holds good in children, girls being more frequently attacked than boys, and it appears that fleshy persons are more liable to it than those of a spare habit.

Of the exciting causes, mechanical injuries of the medulla oblongata was found to be very frequent; sometimes direct blows, but more frequently concussions of the brain and spinal cord, and sometimes of the whole body, and more rarely contusions of other parts such as the liver and kidneys, although in the latter case more stress should be laid on the irritations produced in the nerve centers contiguous to them rather than the kidneys themselves. In such cases the disease makes its appearance very soon after the injury. By what has been said before, it will be readily understood that disease of the sympathetic nerve, of the semilunar ganglion, splanchnic nerve and other nerve centers whether of an acute or chronic character will give rise to the disease. Hyperæmia of the liver from whatever cause, and derangement of the digestive organs whereby sugar is no longer converted into lactic acid, or is much interfered with, will sum up the principal causes of diabetes mellitus. Whether a long continued indulgence in a highly amylaceous diet will give rise to the chronic form of the disease is somewhat doubtful. It often does produce the disease in a mild form but the symptoms soon pass away when the diet is corrected, and no doubt many of the cures reported, and which were attributed to remedies, were of this character.

Sexual excesses have been cited as an exciting cause, and if the theory of Gall and Spurgheim that the cerebellum is the seat of the sexual instinct were true, we might expect to meet the disease more frequently than we do. Such excesses, however, cannot fail in many cases to make a profound impression on the nerve centers and may produce the disease.

The disease has often been found to make its appearance during convalescence after febrile disease of greater or less gravity, more particularly after intermittent fever. Most of the cases that have

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come under my observation were in a malarious district, and one of these I know, developed after an attack of intermittent fever; one followed an operation for removal of a uterine tumor and was no doubt produced by profound changes in the nerve centers, and one followed a severe blow on the back of the head.

SYMPTOMS.

Except after an injury the disease does not often begin suddenly. The patient's attention is generally attracted by an unusual and often constantly increasing flow of urine, so much as to be a serious inconvenience during the day and awakening him frequently during the night for the purpose of evacuating the bladder. Along with this is an intolerable thirst which is appeased only for a short time by drinking. Sometimes the thirst is the first symptom noticed, nevertheless the increase in quantity of the urine is one of the first and most constant symptoms, and in severe cases it often amounts to enormous quantities. Bence Jones saw it amount to seven gallons in the twenty-four hours in one case, and Peter Frank even found it to exceed fifty-two pounds. Sometime the increase of urine and thirst are preceded by loss of appetite, nausea and even vomiting, pyrosis, frequent eructations and constipation, but in the greater number of cases these are absent or they are not noticed, so that the disease has often made considerable progress before attention is called to it. Sometimes, but very rarely, the urine is normal or diminished, but in all cases of true diabetes there is found to be a greater or less amount of sugar in the urine.

Whether the disease often develops from polyuria or diabetes insipidus, is a matter of considerable doubt; perhaps an increase of the urine without sugar more frequently precedes the diabetes than is supposed, but it is not noticed because patients do not seek medical advice at the beginning of the disease, "but there are cases that have been examined very early and the transition from diabetes insipidus to diabetes mellitus proved." The thirst which accompanies the increased urination often harasses the patient more than the urination itself, and enormous quantities of water are sometimes drank. The cause of the thirst and the increased secretion of urine is given by Vogel, as follows:

"The serum of the blood being highly concentrated by reason of its great saccharinity, takes up water by endosmosis with great avidi-

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ty from all parenchymatous fluids, as well as from the drinks and liquid food introduced into the stomach. The dryness of the throat and mouth thus occasioned explains the thirst, the dryness of the skin, of the stools, etc. In consequence of the absorption of the water the quantity of the blood is increased. The blood pressure in the vascular system is heightened and gives rise to polyuria. Were no fresh injestion of fluid to take place, the blood would constantly become more concentrated on account of the continued secretion of urine, and that too more markedly in a diabetic than in a healthy person, on account of its saccharinity, and it would keep on taking up water until its degree of concentration were brought to an equality with that of the parenchymatous fluids. When a healthy man drinks, the water which is absorbed into the blood speedily increases the quantity of the blood and give rise to diuresis. As soon as the greater part of the water taken up has been removed the disease will stop. But let a diabetic drink, and the matter has to take on an entirely different aspect, even if in him the water drank be as quickly absorbed from the stomach as in a healthy man. In the first place, the blood is diluted by the water which enters it; but the parenchymatous fluids being likewise rich in sugar are much more concentrated in diabetes than in the healthy; they, therefore, direct a portion of the injested water from the blood serum and consequently the diuresis soon after drinking will be less in such patients than in the healthy. In proportion, however, as the blood again becomes more concentrated, by the secretion of urine at a later period after drinking, will be proportionately more abundant in diabetes than in the healthy."

Along with the increased urination and thirst, the secretion of saliva becomes scanty and the fluids of the mouth thick and viscid. The tongue is enlarged, being broader and thicker in most cases. It is frequently covered with a white fur. In advanced cases the gums are often softened and swollen, and in one of my cases the mucous membrane of both the gums often became tensively ulcerated. The breath has a peculiar aromatic odor, and in all cases the appetite increases with the advance of the disease until the hunger becomes almost unbearable. The sense of satiety even after eating a hearty meal is appeased only for a short time, and the patient soon feels hungry again. This is not the case through the whole

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course of the disease as the appetite often remains unimpaired or even diminishes in its first stages. The taste is often sweetish, but it is sometimes sour, probably from the sugar being changed in the mouth to lactic acid. The bowels are usually constipated no doubt from dryness of the feces. In the latter stage of the disease there is sometimes diarrhœa. The skin becomes gradually dry and harsh. The patients scarcely ever sweat, but on the contrary are much inclined to shiver and the skin often feels remarkably cool, and itches intolerably. It is often covered with boils and carbuncles, and sometimes gangrene of parts.

A frequent accompaniment of diabetes is pulmonary consumption, and the mind also becomes weakened. This is shown particularly in the memory which becomes very unreliable. There is often twitching of the muscles and sometimes general convulsions, and always weakness of the muscles, probably from defective nutrition. The sexual instinct becomes almost extinct and other indications of impaired nervous power is often present.

A peculiar condition, and which terminated the life of one of my cases, sometimes happens toward the end of the disease. This has been termed diabetic coma. It is mostly sudden in its onset, and often follows excesses at the table, fatiguing walks, or journeys. "Sometimes without any premonition, and sometimes after a brief stage of agitation, with general uneasiness, oppression, anxiety and pain in the region of the stomach, the patient becomes somnolent, tosses about restlessly, generally groaning loudly; the pulse becomes excessively frequent, the arterial tension is low, the breathing is hastened and deep, although there is no impediment in either the upper or lower portions of the respiratory apparatus; the extremities become cool, and even the general temperature of the body falls below the normal, and finally death ensues amid the deepest coma, sometimes after the supervention of twitching." This is probably a condition of poisoning and comes often without any previous warning, and although patients sometimes recover for the time being from an attack, the danger is always imminent.

The sense of sight is often much impaired even from the first, paralysis of accommodation, opacity of the cornea, and cataract, are often met with.

None of the symptoms which have been enumerated are certain

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indications that diabetes exists, and least of all is thirst and increased urination, although they would suggest diabetes to the mind. Diabetes insipidus, or polyuria, is a more common disease than mellituria, but it is comparatively free from danger. We will show the differential diagnoses further on. The only symptom which can be depended upon is the presence of sugar in the urine, and whether it is found constantly or only occasionally determines the severity and gravity of the disease.

It will be remembered that it was stated that if a diet be indulged in consisting largely of amylaceous and saccharine matters, that sugar will be found in the urine, but that it will pass away when the diet is corrected. There are also some physiological conditions where sugar may be found in the urine, as for instance, in nursing women when the sugar from the milk is often reabsorbed and is excreted by the kidneys. In neither of these cases would it be proper to diagnose diabetes, nor would it be so if sugar should be found in the urine occasionally from other causes.

To constitute the disease, sugar must be found quite constantly, and when so found the symptoms which have been given will be found to accompany it in a greater or less degree.

After an injury the disease often commences suddenly and runs a rapid course, but when produced by other causes it nearly always commences gradually and almost imperceptably. The first thing that attracts the patient's attention, is the unusual and constantly increasing urine. This symptom soon becomes a serious inconvenience during the day, and interferes with sleep at night, by the frequent necessity of emptying the bladder.

SILICEA IN ULCER OF THE RECTUM.

M. E. DOUGLASS, M.D., DANVILLE, VA.

On December 3, 1880, was called to see Miss E. G., colored, aged nineteen. She gave the following history of her case: In the middle of May, 1879, I was taken sick with a pain in the left side, and a severe cough. "I was under treatment for eight months, receiving no help. I was at no time able to do anything, and suffered at dif-

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ferent times from severe aching in every joint of my body. About November, 1879, I was taken with a severe headache and spasms, which confined me to my bed for some time. I had then an attack of what the physician called 'falling of the womb.' Shortly after, I was taken with a stinging pain in the bowels whenever they moved, and my physician treated me for piles for about six months, when he acknowledged having made a mistake in diagnosis, declared my case one of fistula, and used the knife twice. He finally pronounced the case incurable, and advised me to change physicians."

On the day before I was called in to see the case, two physicians told her that she could not live forty-eight hours unless an operation was performed, in the course of which she would probably die.

I found a mere skeleton lying in the bed, not able to talk aloud, panting for breath, with a constant racking cough, so severe that it seemed as if every spell must be her last. There were also present: pain in the left lung (has had severe hæmorrhages), sticking pains in the chest on breathing; respiration hurried, superficial; pulse 112. Both lungs diseased [How?—Ed.]. Menses scanty and pale. At lower end of rectum, about one and one-half inches from external anus a large ulcer which, on pressure, discharged a lot of yellow fetid pus, with a constant sensation like needles pricking her. Since her mother informed me at the time that they had spent every dollar they had, buying medicine at the drug store, pity for the girl's condition led me to take the case, although I could see no hope for her, and so informed the mother. I left a power of Phosphorus 30x in water, of which to take a teaspoonful every hour. Upon this remedy I kept her for a week, and seeing but little change I gave her Silicea^{600} every two hours. I kept her upon Silicea with an occasional dose of China to check the night sweats until January 12, 1881, when she had an attack of pleurisy, which Bryonia relieved in four days; then resumed Silicea for a week, when she had gained flesh and strength; the ulcer was nearly healed, had ceased to pain her on defecation and discharged no pus; the cough now troubled her only at daybreak, lasting an hour or two.

She continued to improve gradually, but slowly, until February 15th, when the pain in the bowels returned, and a severe attack of "choking" set in. The throat seemed filled with phlegm, which she could not expectorate. After some difficulty I succeeded in

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easing her, and on the next day gave her Arsenicum 30x, which has been her remedy up to present date. To-day I called to see her, and found that she had been visiting a neighbor who lived at some considerable distance, walking there and back. Only an occasional hacking cough now; appetite is good, limbs quite well rounded. She is cheerful, and loud in her praises of little pills.

I submit this, to add one more laurel to the wreath that Silicea wears as a curative agent for ulcers wherever situated.

THE INTERNATIONAL HOMŒOPATHIC CONVENTION.

[Concluded from page 201.]

Drug Attenuation: Its Influence upon Drug Matter and Drug Power.

By Jabez P. Dake, A.M., M.D., of Nashville, Tenn.

Dr. Dake opened his paper by stating that the remedy to be employed in the combat with disease, upon whatever therapeutic principle or theory chosen, must be exhibited in proper form and quantity, to the end that its influence may be satisfactory. What then, he asks, is the effect of drug attenuation upon drug matter? What its effect upon drug power?

Drug attenuation is defined as the diminution of a drug mass by division and subdivision and admixture with some neutral or non-medicinal substance as a menstrum or vehicle.

Viewing the question historically, he showed that Hahnemann adopted this method of dealing with drugs:

1. To avoid aggravation of disease from too large a dose.
2. To secure a thorough diffusion of drug particles.
3. He claimed that through a better preparedness for absorption and an increased surface for contact increased power was obtained.
4. A given dose of a homœopathic remedy was increased in power by the increased susceptibility to it produced by disease.
5. In order to explain or account for the action of infinitesimals, Hahnemann broached the theory that medicine does not act atomically, but dynamically.
6. Hahnemann conceived the idea that vigorous succussion and trituration effected a great unknown and undreamed of change by

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the development and liberation of the dynamic powers of the medicine.

Passing to the later history of drug attenuation, Dr. Dake described Korsakoff's "dry contact potencies," putting one dry medicated globule in a bottle full of pure sugar pellets in order to medicate the whole; Jenichen's high potencies; those of Lehrmann and Fincke—all of whom had, Dr. Dake observed, exceeded the utmost limits thought of by Hahnemann in the diminution of drug matter and development of drug power.

After noting the observations upon trituration of Segin and Mayhoffer made with the microscope, those of Dr. Breyfogle made with chemical reagents, those of Prof. Edwards Smith, Prof. S. A. Jones, Dr. Lewis Sherman and Prof. Conrad Wesselhœft with the microscope, and some of the teachings of analogy, which, Dr. Dake says, compel us to conclude that potent drug material may exist in attenuations, where every test save that of the living animal organism fails to detect its presence, he thence drew the inferences—

1. That medicinal substances differ greatly in their cohesive property and divisibility.

2. That some may be readily diffused in minute particles through a menstrum.

3. That others are comminuted with great difficulty and slowly.

4. That in the case of some metals the comminution is much more complete by chemical than by mechanical measures.

5. That in the decimal or centesimal scale the theoretical or mathematical rate of diminution in the size of the particles is very different from the actual.

6. That by chemical reagents drug matter can be recognized in no decimal attenuation above the third; by the spectroscope, in none above the seventh; and by the microscope, in none above the eleventh or twelfth.

7. That analogy warrants the belief in drug presence when not a particle of drug matter can be discerned by direct observation, inasmuch as impalpable and invisible material agents, as morbific causes, have often demonstrated their presence in their destructive influence upon the human organism.

8. That all efforts must fail to attenuate drug matter beyond its ultimate molecule, the division of a molecule being a reduction of the substance into its elements, or the destruction of its identity.

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9. That according to the accepted theory of molecular magnitudes the ultimate molecule must be reached in the twenty-third decimal attenuation, and that beyond that there must be a gradual diminution in the number of molecules till all are gone.

10. That neither direct observation, nor analogy, nor anything learned of the conditions and behavior of drug matter, can justify the inference that there is a single molecule of medicine in one grain of the thirtieth attenuation when faithfully made.

Dr. Dake then proceeded to consider the influence of attenuation upon the power of drugs.

In doing so he noticed some of the leading theories which have been advanced upon the subject; and first, the earliest theory of Hahnemann and that still entertained by many of his disciples, that drug power may be developed but not increased by the processes of attenuation. That the *potential* medicinal force of a given drug mass is in proportion to the number of its medicinal molecules, and its *actual* medicinal force in proportion to the number of its medicinal molecules made superficial or ready for an immediate contact with nerve tissue, or an immediate absorption and conveyance to its special field in the organism. The attenuation and trituration have for their ends simply the overcoming of cohesion in drug matter and comminution of drug particles.

2. In later years Hahnemann inculcated not only the development but the great increase of drug power through attenuation. Korsakoff believed in the existence of a drug aura; Lutze believed in animal magnetism being imparted by the hand to the dose employed.

Dr. Bachmann's theory and the recent neuranalytic experiments and the hypotheses of Dr. Lawton were then considered.

In applying the physiological test to the question under discussion, Dr. Dake referred to Hahnemann's early provings, in which drug power was present beyond any question; to the experiments of Prof. Conrad Wesselhœft, those of the Milwaukee Academy of Medicine, and to those of Dr. Sherman and Dr. Potter. From these he concluded that drugs are recognized in attenuations up to the 7x by their effects upon the healthy human organism, while in the 8x and 9x their recognition is less certain.

Dr. Dake concludes his paper with an examination of clinical experience on drug power.

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He points out in the first place, the large variety of influence besides those pertaining to drugs which may determine recovery. Conversions to high potency views have, he shows, often resulted from a single experience in using them, and this often after a lower attenuation had been in action, though not really fruitlessly for some days. He gives his personal experience on this point, showing that he was nearly led to place confidence in their preparation because he observed the paroxysms of an intermittent fever suddenly stop after the administration of a single dose of Arsenic^{200}, when he had been exhibiting the 6th and 30th with no apparent benefit. Another case, one of pneumonia, is reported, where after giving Bryonia 3x with little apparent benefit, a single dose of the 200th was followed by a great change for the better. Reflection, however, convinced him that the change was really due to the preparation which had been previously administered. Dr. Dake further argues, that not one of the cases reported in journals as cured with any high dilutions furnishes a particle of satisfactory proof that there is medicinal power in attenuations above the thirtieth decimal.

Finally, where homœopathy has gained her greatest victories, as in cholera and yellow fever, the battles have been fought almost entirely by means of the lower attenuations.

A Plea for a Standard Limit of Attenuated Doses.

By C. Wesselhœft, M.D., of Boston, Mass.

Dr. Wesselhœft, after some introductory remarks of a general character on the importance of the question of dose, gives a summary of recent researches that have been made on triturations and dilutions. These point to the fact that the limits of minuteness to which particles of hard insoluble substances can be reduced are arrived at between the $\frac{1}{3740}$th and the $\frac{1}{4527}$th of a millimetre.

Dr. Wesselhœft, in discussing the molecular structure of matter, showed that, whereas in Hahnemann's time it was regarded as infinitely divisible and that consequently homœopathists were on this basis right in proceeding to attenuations however high, it now had demonstrated that there was a limit beyond which molecular divisibility did not extend. He then proceeded to estimate, from the calculations and experiments of Sir William Thompson and Prof. Clerk-Maxwell, that, with the eleventh centesimal dilution, the num-

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ber of molecules in a drop of liquid is exhausted. By a series of further calculations, he concludes that the supposition of transmission of molecular force, separated from the original medicine molecules, is untenable in the light of modern molecular science.

Dr. Wesselhœft then argued that the molecular constitution of matter demanded the omission from our statistics of all clinical results obtained with dilutions above the eleventh centesimal. With regard to the value of clinical experience in enabling us to estimate the best standard of dose, Dr. Wesselhœft contended that it is at present but slight, owing to the inadequacy of statistical materials. What is deemed clinical experience consists, he says, of recorded cures with the entire omission of opposite or negative results, which must be presumed to be large, and a decision will therefore be impossible until "experience" includes numerous and accurate statistics of negative as well as of positive results. Dr. Wesselhœft concludes by urging the limitation of the dose to attenuations below the eleventh centesimal.

The Question of Doses: Hahnemannism and Homœopathy.

By Dr. Cretin, of Paris, France.

Dr. Cretin opens his paper by asserting the therapeutic power of infinitesimal doses, but he demands that their degree of this power ascertained by experiment alone.

He desires to inquire, first, What, for each drug, are the limits of its therapeutic action; at what stronger dose does its action commence; at what weaker dose, what attenuation does its cease. These limits being fixed, what is, in each case, the dose which shows itself the most efficacious, the strong, weak, or even the infinitesimal?

Dr. Cretin denies that there is any evidence of Hahnemann's having been lead to the use of attenuation in consequence of aggravation from larger doses; but that he proceeded to them by analogies, by indication, by anticipating generalization, and also by studies. This he endeavors to make good by analyzing Hahnemann's pathological illustrations of the law of similars in the Organon.

In the following two chapters he examines attenuations, dynamizations, and medicinal aggravations, and then the practice of Hahnemann. From this enquiry he concludes that Hahnemann has not established on any data, rational or experimental, either the necessi-

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ty, the utility, or the action of the infinitesimal attenuations, and still less the aggravations, which, according to him, should be at once the proof of the condition and the product of their action.

The clinical aspect of the infinitesimal dose shows, that the admission of its power rests upon an experimental basis. The questions then arise, at what dose does medicinal action begin—at what attenuation does it cease? And again, are infinitesimal doses preferable to appreciable doses in all cases, or in what cases only? A lengthened enquiry in using all dilutions from the 30th downward has, Dr. Cretin says, convinced him that the action of a drug is less sure as the attenuation is high. "In acute, as in chronic affection," he adds, "I have never obtained from the higher dilutions the results which have been given me in a more positive fashion by the dilution below the sixth, and above all by the unattenuated medicine."

With some remarks on the choice of the dose in individual medicines, and a comparative view of Hahnemannism and homœopathy, Dr. Cretin brings his essay to a close.

A discussion followed on the relative value of clinical and extra clinical evidence as to the efficacy of the infinitesimal dose.

On the following morning (Thursday) a sectional meeting was held of members especially interested in gynæcological studies. The chair was taken by Dr. Eaton, of Cincinnati. The papers on this subject to be brought forward in the afternoon, formed the basis of discussion.

In the afternoon, at the general meeting, business commenced by the presentation of papers, of which the following are abstracts.

On the Differential Diagnosis and Treatment of Yellow Fever.

By William H. Holcombe, M.D., of New Orleans, La.

After a full definition of yellow fever, Dr. Holcombe spoke of its geographical range. It is endemic in the islands and cities of the Atlantic coast of tropical America. From this habitat it may be transported northward and southward many degrees of latitude, but very few of longitude. Yellow fever has no second week. It and plague are the shortest of all febrile diseases, as they are also the most fatal. Yellow fever becomes more fatal as it advances northward. It is the hottest of all fevers. It is an hæmorrhagic fever,

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the hæmorrhages depending on chemical changes in the blood itself. The jaundiced or icteric condition is a peculiarity of the fever, and is entirely of blood origin. An abdormally slow pulse down to fifty, forty, and even thirty pulsations is found in many cases. Yellow fever has a melancholy pre-eminence in its marked or latent features, its sudden changes and terrible surprises requiring more watchful care and vigilant nursing than any other disease, the danger being often out of proportion to the symptoms.

Dr. Holcombe then described the post-mortem appearances of yellow fever, and then proceeded to compare its phenomena with those of the other great fevers. In speaking of the treatment of yellow fever, Dr. Holcombe laid especial stress on the importance of nursing and hygiene—a sudden noise, movement in bed, conversation, a piece of bad news, any excitement, the presence of food in the stomach at the wrong time, the omission of a stimulant at the right moment, being often enough to transform a hopeful into a hopeless case.

Of the medicinal treatment, Dr. Holcombe says that we have no specific for the first or febrile stage of yellow fever. His paper concluded as follows:

"It is in the second stage of fevers, when we contend with local congestions, special inflammations, and the effects of blood poisonings or other morbid processes, that homœopathy asserts its specific and unquestionable power. We may not be able to break or materially shorten the continued fevers, but we can control the bronchitis of measles, the sore throat of scarlatina, the suppuration of small-pox, the pneumonia of typhus, the diarrhœa of typhoid, the jaundice and hæmorrhages of yellow fever, etc., in the most remarkable manner, thereby reducing the mortality of all those diseases to a point considerably below the acknowledged allopathic level.

"What enormous services have been rendered in these cases by those chemically isomorphous substances, Arsenic, Phosphorus, and Tartar emetic, applied upon the homœopathic principle! To these may be added, as special remedies for yellow fever, the snake poisons, Lachesis, Crotalus, Naja tripudians, Elaps corallinus, and Vipera torva, introduced into practice from the long-recognized resemblance between the symptoms of yellow fever and those which have followed the bite of serpents. These serpent poisons will, no doubt, be found

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valuable also in the hæmorrhages and jaundice of the plague, of typhus, relapsing fever, bilious typhoid, and malignant remittents.

"The homœopathic treatment of yellow fever is still in its infancy, comparatively speaking, but the results already achieved constitute one of the strongest arguments ever offered in behalf of the practice."

Indian Dysentery and Cholera.

By P. W. Carter, Ph.D., L.M., etc., of Sydney.

This paper opens with a minute account of the phenomena of Indian dysentery. Then follow a series of well reported cases of the disease. Dr. Carter makes the following statement of the results of his practice while in India:

"The total number of cases," he says, "treated by me allopathically up to November, 1865, was 213—deaths, 99. Cases treated homœopathically up to the end of 1878 (I left India in March, 1879) were 77, with 14 deaths—all in dispensary practice, when the disease, and every disease, is generally seen in an advanced stage."

With regard to cholera, Dr. Carter had seen little advantage from the use of Camphor even in the stage of invasion. In the first stage, he says, he did best with Aconite, 1x or tincture. This, when given early, prevented the advancement to the second stage in every instance. In the second stage, Veratrum alb. 3x, Arsenicum[3], Cuprum acet.[2] or [3], Secale cor. 3x, Antimonium tart. 3x and [3], and Croton[3] were the chief and most reliable remedies. In the stage of collapse, Arsenicum[30] was used with the happiest results. In pulmonary congestion, Phosphorus[3] or [5]. When this had grown to blood-poisoning, with brain symptoms, Belladonna, Stramonium, Hyoscyamus or Acid hydrocy. were used with better effects than any treatment he had obtained under old-school practice. Three out of four cases of intra-cranial effusion yielded to Digitalis. In renal congestion, with albuminuria or suppression and uræmia, he found Terebinthina 3x, Kali bich.[3], Cantharis[2] or [3], and Digitalis 3x, very effective.

Homœopathy in the Treatment of Diseases prevalent in India.

By Mahendra Lal Sircar, M.D., of Calcutta.

The paper sent in by Dr. Sircar was found too lengthy for the Transactions, and to cover more ground than had been intended.

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Such portions only were introduced to the convention as bore upon the therapeutics of the special types of Indian disease.

Diarrhœa, generally traceable to bad food, but sometimes to extremes of temperature, was first noticed, and the indications given for the use of China, Arsenicum, Colocynth, Pulsatilla, etc. Of dysentery, Dr. Sircar says: "In the majority of cases I find Ipecac. to be quite competent to deal with the disease. Failing this I have recourse to the Mercurius sol., and in very grave cases to Mercurius cor. Other medicines meeting special cases are Aconite, Belladonna, Cantharis, Capsicum, and Colchicum."

The liver is an organ very frequently disordered in India. In malarious enlargement, remedies that are suitable for the general condition, prove corrective of it. Aconite and Bryonia in febrile states; Calcarea carb. especially in young children; Nux vom. when there is constipation; Lycopodium when with constipation there is tympanitis, especially of the colon. In acute congestion, no remedy equals Aconite; sometimes Bryonia is required subsequently. When the secretory structures are inflamed, Mercury is wanted. In suppuration, Aconite and then Cinchona or Quinine in massive doses. In very prostrate conditions, Arsenic, Carbo veg. and Lachesis are useful.

In hypertrophic cirrhosis with jaundice, Lachesis is a capital remedy. In chyluria, Dr. Sircar has seen good done by Carbo veg. and Phosphoric acid. In hydrocele and elephantiasis of the scrotum, Dr. Sircar has seen benefit derived from Silicea, Rhododendron, and sometimes from Rhus.

Malarious Fever in India.

By Pratrap Chandon Majumba, L.M.S., etc., of Calcutta.

This communication was one of enquiry rather than one presenting good therapeutic results. Dr. Majumba says that Quinine, which is almost the only drug resorted to, does more harm than good in many cases—though useful in some. So far as his experience has gone, he has found Aconite useless. Belladonna, in some cases of a remittent type, has proved serviceable; so, also, has Gelsemium, especially in children with a delicate nervous system. Baptisia followed by Bryonia, Rhus, Arsenic and Muriatic acid, have been of great value in cases where the fever has assumed a typhoid type.

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Dr. Majumba concludes by remarking on the necessity of a careful study of the materia medica in each case, etc.

These papers having been introduced by the president, a discussion followed on homœopathy in hyper-acute disease, including hyper-pyrexia.

The subject of cancer was then brought before the convention in a paper by Dr. Gutteridge, of which the following is an abstract:

After some reference to the statistics of cancer, and having given a definition of the disease, Dr. Gutteridge expressed his doubts as to the value of microscopic observation and chemical analysis as means of diagnosis. Referring to the researches of Haviland on the geographical distribution of disease, he showed that districts where the mortality from cancer was high were such as are liable to somewhat long-continued floods from the overflowing of rivers. He then entered on a somewhat minute differentiation of cancer and simple glandular enlargement. Passing to the consideration of the propriety of operation, he showed that extirpation by the knife does not cure cancer, does not always remove it, and that the liability to return is ever present, and often an absolute certainty. The results of enucleation, he says, are in no way more favorable. He concludes, therefore, that cancer patients do better when treated medicinally alone. In scirrhus he pointed out the indications for Belladonna and Conium. Cicuta is also named as useful. Of all most generally useful remedies, Dr. Gutteridge speaks most favorably of Hydrastis, and especially of Tilden's preparation Hydrastin, intimately incorporated with an equal quantity of Hydrastis. When this drug is given internally a lotion of the tincture or powdered root should be applied at the same time. When ulceration has taken place, Dr. Gutteridge laid great stress on the value of Hydrastis, Hamamelis, Comocladia, Baptisin, and the Iodide of Arsenic, pointing out the special indications for the use of each.

In epithelioma, Dr. Gutteridge drew attention to Ranunculus, Arsenic, and Hydrastis as medicines from which the best results had accrued. In discussing the treatment of cancer of the stomach, he pointed out the indications for the use of Ranunculus, Phosphorus, Argentum nit., Arsenic, Hydrastis, and Baptisia. With some observations on the nature of the diet best adapted to cases of cancer, Dr. Gutteridge concluded his paper.

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A discussion ensued on the possibilities of medicine in cancer.

Papers were then presented on gynæcological subjects, the first being by Dr. Edward Blake, on the place of mechanical measure in pelvic disease.

After some introductory remarks on the anatomy and physiology of the uterus, Dr. Blake argued that the greater number of the disorders of the female pelvis may be included in four categories: 1, Mechanical changes acting from without; 2, Mechanical changes acting from within; 3, Physiological changes acting from without; 4, Physiological changes acting from within.

"The inclination," said Dr. Blake, "of the dominant school of therapeutics, is probably whilst attaching undue importance to mechanical methods to ignore the second or vital side; whereas our own tendency as undoubtedly is to decry the former."

Dr. Blake said that during the first six years of his practice he abjured local physical examination almost entirely, and worked laboriously at subjective symptomatology, with comparatively unsatisfactory results; that during the succeeding six years he turned his attention to the use of various means of physical diagnosis, but without using any mechanical contrivances for the purpose of local treatment; while during this time he frequently witnessed through homœopathy the temporary removal of results of morbid processes without necessarily attacking the cause; he never during this time witnessed the smallest cervical excoriation healed under the influence of internal medication alone, even when such medication was carried on under the most favorable circumstances. Subjective symptoms Dr. Blake relies on to differentiate between a group of closely-allied remedies, but to lead up to that group for diagnostic and prognostic purposes he trusted solely to objective signs.

Dr. Blake concluded his paper by urging greater attention to the mechanical causes of diseases.

On the Treatment of Common Metritis, especially that Form known as Endo-Cervicitis, with Ulceration of the Cervix.

By D. Dyce Brown, M.A., M.D., of London.

Dr. Brown commenced his paper by dwelling on the imperfections which exists in our provings, so far as they relate to chronic uterine inflammation. A medicine to be selected in this class of disease

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must show—(1), from the provings filled up by the results of clinical observation, that it has a specific relation to the genital organs by producing disordered menstruation, leucorrhœa, ovarian pain, etc.; or, (2), if the symptoms should be scanty in the provings, the medicine must be one which shows a specific affinity for mucous membrane in general, producing catarrh or acute inflammation, with their results in the shape of increased secretion or ulceration; or, (3), it is of the utmost importance that it should "cover" the constitutional dyscrasia that may be present with the various symptoms referable to other organs than the uterus and ovaries. In other words, it must cover the totality of the symptoms.

The greatest amount of success Dr. Brown thought was attainable, when a remedy is selected which covers the general state of disordered health, more especially if this remedy is known to have a specific affinity for the uterine organs.

Before considering medicines, Dr. Brown drew attention to local applications. Weak solutions of astringent remedies he regarded as acting in accordance with the homœopathic law in cases of chronic inflammation. When first practicing homœopathy, he thought that such applications as Nitrate of Silver hastened the cure of disease of the cervix. Clinical observation had, however, convinced him that with specific general treatment such applications as Nitrate of Silver, Iodine, Carbolic acid, applied by the mop through the speculum were unnecessary. Just, however, as every one would use water dressing or Calendula or Hydrastis to promote healing in ulcerated surfaces so he employed these means in such cases. When in addition to ulceration the cervix was hypertrophied, Glycerine diluted with water or with a few drops of Hydrastis added was useful. Where vaginal catarrh is excessive, injection of Calendula and Hydrastis, or even in chronic cases of a weak solution of Zinc or Alum, were beneficial. In suitable cases, Dr. Brown attached great importance to the wet compress and to the tepid sitz bath.

Dr. Brown then pointed out the indications for the use of medicines. Belladonna, he said, was required in almost every case of chronic cervicitis with ulceration at some period of its progress. The indications were fully and minutely given, but at too much length to allow of our transcribing them here. Sulphur he found often required, especially in cases of chronic inflammation of the

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venous type—when that sluggish state of the system exist which refuses to respond to the action of medicines. The symptomatological indications were then given. Sepia, he showed, was indicated in endo-cervicitis, where the uterus is enlarged, prolapsed, or where version has occurred. When there is a tendency to skin eruptions, etc., Pulsatilla, he pointed out at some length, was indicated in cervical disease by the appearance, complexion, and temperament of the patient, the scanty or irregular menstruation, the menstrual pain, the leucorrhœa, prevailing chilliness, aggravation of symptoms in the evening, but especially by the gastric or gastro-intestinal catarrh with headache. Actæa corresponded to the nervous, neuralgic, hyperæsthetic patient suffering from uterine disease. The coincidence of cervical inflammation, slight or severe, with well-marked hyperæsthesia (showing itself by the spinal tenderness, the peculiar headaches, the palpitation and sleeplessness from mental depression, or alternation of depression with excitement, and sinking pain at the epigastrium) indicates the kind of case in which it is useful. Ignatia was indicated rather by the general state of nervousness that characterized some cases than by local manifestations of disease. Calcarea carbonica in cervical disease associated with struma, he describes as a remedy of immense value, especially if the catamenia are too frequent and profuse. Lycopodium is useful in cases where the pelvic organs are congested and leucorrhœa and endo-cervicitis are set up in consequence of the liver and portal circulation becoming congested. The condition requiring Nux vomica resembles that in which Lycopodium is useful. Mercury is especially indicated in cases of endo-cervicitis, when the ulceration is of an unhealthy and sloughy type, and when vaginal catarrh with thick leucorrhœa is present to a marked degree; second, when gonorrhœa has extended upward to the uterus; third, when syphilitic ulceration is made out, or when there is reason to expect a syphilitic taint; fourth, when the collateral symptoms, those of the stomach, liver, and intestines, especially call for Mercury. Dr. Brown also noticed Lilium, Graphites, Arsenic, and Platina as often indicated in uterine disease, and concluded by saying that, in his opinion, we quite as often require to select our remedy less on the grounds of its local action than on those of the systemic disturbance or constitutional taint which may be present in a given case, and the more

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carefully such selection is made the better it seemed to him were the results.

On the Treatment of some of the Affections of the Cervix Uteri.

By George M. Carfrae, M.D., of London.

Dr. Crafrae commenced with some remarks on the unsatisfactory character of much of the materia medica, and this especially as related to the action of medicines on the cervix uteri. Restricting his attention to the consideration of cervical endo-metritis, or cervical catarrh, or uterine leucorrhœa and granular erosion, or ulceration of the cervix, he entered into a full account of the etiology, symptomatology, and pathology of the condition. Passing to the treatment he divided it into constitutional and local. In discussing the former he took Guernsey's book on Obstetrics, and examined the medicines named therein as applicable to this condition. He insisted that as leucorrhœa was a constant symptom of this disease it ought to be among the phenomena produced by each medicine adapted to cure it, if the totality of the symptoms was to be our guide. Many of the medicines recommended by Guernsey have not this symptom in their provings. Of the provings of others, it must, he thought, be admitted that they were unreliable. He then proceeds to examine seriatim all the medicines named by Guernsey, concluding that out of seventy-two such remedies about a dozen and a half have no leucorrhœa in the list of symptoms attributed to them; while about one-half of the whole number have been proved, Dr. Carfrae thinks, in a manner too loose to merit our confidence, reducing the number of drugs, the provings of which entitle us to look upon them as truly homœopathic to cervical leucorrhœa to scarcely a dozen; and of these Dr. Carfrae is doubtful of at least six. Of eleven other medicines recommended by Hale the value is chiefly empirical, few of them having been thoroughly proved.

Regarding the materia medica as poor in relation to truly homœopathic remedies in cervical leucorrhœa and granular and follicular disease of the cervix, he asks, do we get any help from local applications, and, if so, from what? He then examines the views of Guernsey, Madden, Leadam, Ludlam and Hale, with regard to the use and mode of action of externally-applied irritants. He concludes that we are far from having arrived at that amount of scientific precision

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which is desirable or attainable. This he attributes to some extent to the number of unreliable provings which are incorporated in our text-books. To some extent also is it due to the difficulty of getting good provings of drugs which have a specific relation to the uterus; while, lastly, the semeiology of these affections is ofter very vague and no sure indication of their pathological condition. To admit that the combined local and constitutional treatment of cervicitis, granular, erosion, etc., gives the patient the best hope of a cure is to allow that our treatment is to a certain extent empirical. "This," he adds, "I fear must be so, until we have a reformed materia medica." As medicines, Dr. Carfrae relies chiefly on Arsenic, Mercurius, Nux vomica, Phosphorus, Pulsatilla, Sabina, Sepia, and Ferrum, while Gelsemium, Helonias, Hamamelis, Lilium, Phytolacca, and Anthoxylum are, he thinks, valuable additions to our armamentarium, but requiring more thorough proving. The best local applications are Chromic, Carbolic and Nitric acids, and Nitrate of Silver.

He concludes by hoping that ultimately we may treat these cases altogether without the aid of local applications. So long as these are used we must admit that our treatment is, to a certain extent, unscientific and unsatisfactory. When we can abolish them it will be because we have attained that amount of scientific precision which meanwhile it must be our constant endeavor to reach.

A discussion followed on the influence of homœopathy on uterine disease, at the conclusion of which the meeting adjourned.

On Friday afternoon the subjects of general, ophthalmic, and aural surgery were brought under the consideration of the convention, and received full discussion.

The first contribution presented was from Dr. Bojanus, of Nischny-Novogorod, Russia. It was in the form of a book, entitled Homœopathic Therapeutics in its Application to Operative Surgery, and upon this Dr. Dudgeon prepared a report, giving a brief *resume* of its contents. It is occupied with a detailed analysis of the operations performed in the hospital to which the author is attached.

Surgical therapeutics is the subject of Dr. J. C. Morgan's (Philadelphia) contribution to the Transactions.

Dr. Morgan commences his paper with some remarks on the comparative value of Aconite in wounds and other injuries. In these

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classes of cases, Dr. Morgan contends that Aconite is superior to Arnica—first, in injuries of the eyeballs; second, in the reaction which occurs some hours after an injury; third, in the commencement of a sprain. Dr. Morgan then adduces some illustrations of the sorbefacient effects of the internal exhibition of Hydrastis^{80}, Sepia^{1000}, Arsenicum, Iodium 3x, and Hypericum 2x, in mammary tumors.

Passing to tumors of the uterus and ovaries, Dr. Morgan has no records of absolute cure by drugs, but he can say that in no case has it been necessary to submit any such to a surgical procedure, except the pedunculated polypi, fibrous and mucous; these he has uniformly removed by the wire *ecraseur*. All others he has treated with drugs "in potency" for months and years, according to the various changes of symptoms, to the great satisfaction of patients, who in sheer desperation had previously courted the most formidable resources of surgery.

Dr. Morgan concludes by giving the characteristic indications for the use of a number of medicines in the treatment of tumors.

Dr. Watson, of Hammersmith, contributed a paper entitled Surgical Observations, which consisted of some general observations on the pathology and treatment of abscess, illustrated by several cases.

A discussion then ensued on the help brought to the surgeon by homœopathy, in which Dr. Dunn, Dr. M'Clelland, Dr. Helmuth and others took part.

A paper on the therapeutics of iritis, by Dr. Vilas, of Chicago, Ill., was then presented.

Dr. Vilas declined to discuss the curability of iritis by internal remedies alone, because he is of opinion that internal medication alone will never cure all casses which might be cured were they treated with all the means at our command. The first point in the treatment, he says, consists in perfect rest of both eyes, shutting out of bright light, and protection from injurious changes of temperature. The second consists in obtaining complete rest for the iris. Of all mydriatics, Atropium, he said, was the best, and the best preparation a carefully prepared Sulphate. The advantages to be obtained and dangers to be avoided were fully pointed out. Various other mydriatics were noticed by Dr. Vilas. In all cases, save those in which there are no synechiæ must form, can, he alleged, a myd-

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riatic be safely dispensed with. If there be exudation from the iris, and it is not drawn away from its resting place, the anterior lens capsule, synechiæ must form, and more or less firmly tie down the iris. Dr. Vilas next considered the indications for the use of internal remedies. These comprised some twenty-eight drugs, and form a useful collection of references for ophthalmic surgery. We must, however, direct our readers to the Transactions for their study.

The treatment of iritis, simple and syphilitic, was then made the subject of discussion, the debate being opened by Dr. Bushrod W. James, of Philadelphia.

This being terminated, the last paper to be presented to the convention, that by Dr. Cooper, of London, on aural surgery, was introduced under the title, Notes on some Homœopathic Remedies in Aural Disease. After some introductory remarks on the position of the therapeutics of aural surgery, Dr. Cooper pointed out the indications for the use of the following medicines in diferent forms of deafness: Gelsemium, Hydrastis canadensis, Picric acid, Capsicum, Arnica, Rhus, Ignatia, Quinine, Amyl nitrite, Chloroform, Salicylic acid and Salicylate of Soda, Apis mellifica, Lachesis, Elaps corallinus, Crotalus, Formica, Naja and Vespa. In reviewing his experience, Dr. Cooper says that the conclusion is forced upon him that very long standing cases are best met by highly dynamized preparationf; these, beyond question, he says, exert a most powerful and satisfactory influence. He especially names Phosphorus and Calcarea as remedies which in a high dilution have proved of most essential service.

After Dr. Cooper's paper had been introduced, a discussion ensued on the plan of homœopathic medication in ear disease.

The convention assembled at two o'clock on the following day for the transaction of miscellaneous business.

The report of the committee and the president's address were brought forward, and as practical results it was determined to appoint a committee, consisting of one or more skilled pharmaceutists in each country represented by the convention, to co-operate with the editor of the *Pharmacopœia of the British Homœopathic Society* in the preparation of a pharmacopœia which shall be adopted by all nations.

It was also resolved that a permanent secretary of International

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Homœopathic Conventions be appointed, and to this office Dr. Richard Hughes was unanimously appointed.

After some conversation, it appeared to be the wish of the members of the convention that the meeting of the convention, which would in the ordinary course of events be held in 1886, should take place at Brussels.

The statistics of the convention mere presented by the president, from which it appeared that seventy-eight British, thirty-one American, four French, one Italian and one Russian physician had entered their names on the books of the congress, while there is reason to believe that some twenty British practitioners had been present at the meetings, and had omitted to record the fact of their presence.

After very cordial votes of thanks to the president, vice-president, secretaries and treasurer, the members separated.

SEQUEL OF CASE OF GONORRHŒA.

W. E. LEONARD, M.D., MINNEAPOLIS, MINN.

In the February number of the COUNSELOR I reported a case of gonorrhœa, as illustrating my paper on that topic. As the case was then incomplete, I wish to add the following from my office record:

April 2, 1881.—About three months after taking last medicine (Mercurius viv.^{200} and ^{18000}) the patient reports himself as relieved immediately after taking the medicine. The swollen gland, "the throat," gradually decreased; his appetite became better, and he was much clearer mentally. The discharge had almost entirely stopped, only semi-occasional slight burning on urinating.

He is in excellent general health. This time the cure was undoubted, for he has since confirmed this record. The elmination of gonorrhœal poison from the system is certainly no trifling matter.

IN ANSWER TO "A CASE OF PUERPERAL CONVULSIONS."

G. OEHME, M.D., TOMPKINSVILLE, STATEN ISLAND, N. Y.

As the Doctor invites discussion, we would draw attention to a remedy which is not mentioned in his article. This is Œnanthe

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crocata. There is no medicine in our whole materia medica, which produces convulsions so *constantly* as this. We read the first report, regarding its poisonous effects, in the *British Journal of Homœopathy*, page 459, of 1875, (reprinted in Hale), and have used it since frequently with good success. In *N. E. Medical Gazette*, page 252, (1877), we published a remarkably quick cure of puerperal and another of infantile convulsions. It has been a matter of surprise that we have not seen in our literature other cures of convulsions with this most important remedy.

CORRESPONDENCE

Editor of the MEDICAL COUNSELOR,—It is a gross error to say "*that the International Hahnemannian Association was conceived in utter disloyalty to the common cause and interests of homœopathy, and that its purpose is absolutely bad.*"

As this gross error has been uttered for the second time by the learned editor of the MEDICAL COUNSELOR, vol. v., p. 89 to 92, he will indulge me in a few comments, I am sure.

This gross error contains broad assertions and accusations without any proof whatever. The International Hahnemannian Association is not the work of one or two men, its origin was spontaneous, but by no means precipitate, and if the learned editor will take time to look over the constitution of said association he will see how utterly groundless his accusation is, "that its purpose and tendencies are absolutely bad." The reasons for the formation of this association are set forth plainly and intelligently; they are these, viz:

Whereas—1. We believe the Organon of the Healing-Art as promulgated by Samuel Hahnemann to be the only reliable guide in therapeutics, and

2. That this clearly teaches that homœopathy consists in the law of the similars, the totality of the symptoms, the single remedy, the minimum dose of the dynamized drug, and these not singly but collectively, and

3. As numbers of professed homœopathists not only violate these tenets, but largely repudiate them, and

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4. As an effort has been made on the part of such physicians to unite the allopathic with the homœopathic school; therefore, resolved, etc.

If these reasons were correct, the purposes of this association could not be bad; where in them is to be found a disloyalty to the common cause? What *is* our common cause? Why, it is the advancement of homœopathy *and nothing else:* if it then became apparent, as no observing or journal-reading man can deny, that practitioners, public teachers and editors of professedly homœopathic journals violated and largely repudiated the tenets of our school, was it to be expected that men who had strictly adhered to these tenets, men who found them correct, and who by adhering to them had gained great victories for our common cause during a long painstaking life, that *they* would fold their hands and see these tenets repudiated and assailed and their adherents called transcendentalists and remain silent? Patience and tender suasions were abundantly exercised, but to no good purpose; they ceased to be a virtue when it appeared evident that these gross materialists, the very men who professed to be homœopathists, but who for reason of their unfaithfulness to the tenets of the school met with innumerable failures, finally proposed to return to the allopathic school, only to be rejected by them. And when too it was found to be possible that in utter disloyalty to the common cause and interests of homœopathy the historian of homœopathy in the second volume of the World's Homœopathic Transactions, page 80, should attempt to incorporate an extinct absolutely eclectic university as a true homœopathic institution, thereby in effect seeking to unite the homœopathic with the (defunct) eclectic school, it became the duty of every true man to seek means to check such a departure.

If the learned editor of the MEDICAL COUNSELOR desires to know what the Internationals did do at Brighton Beach, at their second yearly meeting, he will find all the transactions published in the recognized organ of said association, the *Homœopathic Physician*, of July, 1881. The *Homœopathic World* is no more the organ of this association than is the MEDICAL COUNSELOR, and, therefore, no authority as an exponent of its acts, he will also see how many homœopathists joined the body—*all unsolicited*—over one-third as many as joined the Institute at the same time.

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What need the editor of the MEDICAL COUNSELOR care for an association with which he does not wish to have anything in common? Will our friend explain what he means by *exclusivism and extremism?* Of one thing he may be quite sure that the members of the International Hahnemannian Associatlon seek no *separation;* they seek a *union* under the tenets of homœopathy taught and promulgated by the founder of our school in his Organon of the Healing-Art, *and that is all.* Each member is at perfect liberty to enlarge his library—for we indulge in libraries—and study; he may add even (as a caricature of our literature) all sorts of pharmacodynamics, all sorts of materia medica based on pathology alone, or he may consult any book he pleases with the utmost freedom.

As we hear so much of the immense amount of harm done to homœopathy by a strict adherence to its tenets, done by *all* the early pioneers of our school in this country, will not our good editor give us an editorial on that subject after he is tired with dwelling on the absolutely bad purposes of the Internationals? We would really like him to give us some "*points*" on that subject and show wherein and how far we have thus departed from "the faith once delivered to the saints," and how to find our way back to the good old path as our pathogenesis is based on the "*physiological*" test and collaterally our clinical provings also—and our therapeutics as well.

Yours truly, *Ad. Lippe.*

PHILADELPHIA, Aug. 11, 1881.

The editor of the COUNSELOR cares enough for the I. H. A. to wish for its prosperity just so far as such prosperity will make us—the school at large—wiser and more successful, and to pray for its early demise so soon as said association becomes a means of additional trouble. We would find no fault with the "declaration of principles," save in the statement therein made that the Organon is the only reliable guide in therapeutics; if this means that it contains the fullness of truth, all truth, *all there is of truth,* we would humbly object. Dunham, and others, taught many truths not contained in the Organon, and we are forced to remember that Hahnemann was a great teacher, but by no means an infallible, second Christ. The fourth clause looks to us as if the statement which it contains is little more than a bug-bear; the school has never seconded any effort

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to bring about a union of schools; indeed, no such effort, *systematic* and *organized*, has ever been made.

The point at issue is simply this: So long as a single gentleman holds a responsible, a representative position in the I. H. A. and, over his own signature—we care not in what journal—states that the object of his membership in the I. H. A. is to break-up the school as now organized, statements from individual members of the association amount to nothing so long as the association, as such, not only *permits* itself to be misrepresented (?), but endorses the author of the statement itself by promptly re-electing him to a prominent official position. Dr. Berridge is either correct or he libels the association! It remains for the association to settle this matter at its next meeting.

Berridge admits that Hering's views accorded with our own; he perceived the danger of a schism; he offered to take membership if a clause were "inserted to the effect that your sole object is to help those who stand half way." The clause has not been inserted. Is it treason for the editor of the COUNSELOR to view this matter just as Hering did?

The *union* sought by Dr. Lippe is not the union which the school at large desires. Dr. Lippe's idea of union involves demands which the spirit of this century cannot grant; its basis is intolerance of everything which is at variance with his own views on matters of supreme importance as on affairs of utter insignificance; it is characterized—if the Doctor's contributions to our literature do him full justice—by blindness to all merit, if there is upon it the slightest assertion of individual freedom in *opposition* to views held by the venerable Dr. Lippe. Dr. Lippe may not grant this; to prove, however, the incorrectness of our assertion,—he would be obliged to obliterate or to re-write an overwhelming portion of the many controversial articles contributed by him to the periodical literature of our school. We need a union such as Dunham thought of when he delivered his historical and greatly misunderstood and *misapplied* address upon freedom of opinion in medicine.

In reply to Dr. Lippe's question what we mean by extremism and exclusivism, we will say that we think Dr. Lippe, for instance, an extremist because he is a supporter and holder of extreme doctrines and practice, as is shown in sentences like this: It is a fatal error

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for a professedly homœopathic physician to administer crude doses of Chininum sulfuricum for the cure of intermittent fever, or for any other purpose. The venerable gentleman may also claim a full share of exclusivism—a perfectly correct term by the way—because he would, *if he could,* "shut out" from fellowship, "hinder from entrance or admission" into fellowship, everybody whose views do not suit him ("let us denounce as an apostate every homœopathic physician who administers Quinine for intermittent fever." Dr. Lippe in *Homœopathic Physician,* March, 1881, page 90.) We use these terms kindly and respectfully. There are in our school a few *fanatics,* men who, as Stowe has it, are governed rather by imagination than by judgment; our venerable correspondent does not by any means belong to them.

It is useless to saddle upon us the assertion that an immense amount of harm has been done to homœopathy by all the early pioneers of our school in this country; the Doctor cannot put into our mouth statements of that sort. Early pioneers have no reason whatever to complain of one word of disrespect or of injustice from us. We think as "pioneers" the old men of our school, here and in Europe, have been and are a grand success; for them we have spoken many an earnest word; neither can Dr. Lippe charge us with ever having forgotten that respect and consideration which are due their age and their merit. We have spoken of bad "leadership." A man is not a good "leader" simply because he is a man of culture, of large knowledge, a good writer, successful physician, etc., etc.; he may be all this, and more, but if he holds persistently to extremes, if he believes in "excluding" from the fold every man who differs from him in opinion on matters of secondary importance, he proves unfitness for leadership. The organization of the I. H. A. may have been a necessity; but to permit the election and *re-election* to an office of a man who had foolishly compromised his best friends, and the cause dear to them, is undoubtedly the result of exceedingly bad leadership. Besides all this, the constant wrangling in our midst, the interfering by different men in matters which do not concern them, the waste of strength in eternal and useless strife, which have existed in our midst from the date of our organization as a school, show that our "leaders" have been lacking in executive ability and in shrewdness.

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Does Dr. Lippe want to know, from a man who fully realizes his lack of knowledge and of that ripe experience which comes with age, how the school, as such, may get back to the "faith once delivered to the saints"? We would answer: By waging relentless war upon all sorts of "extreme" teaching; by becoming less "exclusive" toward those who do not quite see things as we do; by remembering that faithfulness to the law of cure in the selection of the remedy is the corner-stone of homœopathy, and that firm adherence to the law of cure entitles a man to respectful treatment at the hands of every member of the school; by facing the *fact* that honest differences of opinion are frequently the very best means to cause truth to develop rapidly, to prosper richly; by remembering, now and forever, that it is highly improbable one man should be absolutely wise and perfect, and all who differ from him fools or knaves. This is really all there is necessary to establish sound policy, sound leadership, sound doctrine. Schisms would, under such circumstances, prove miserable failures, and the cardinal truths of homœopathy would spread with a vigor to which even the grand past has been a stranger; as to its errors, they would stand forth unblushingly soon to die from inanition, for truth is ever stronger than falsehood, and truth reaches its fullest development where men may openly speak what they believe to be true.

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ANATOMICAL STUDIES UPON BRAINS OF CRIMINALS. A Contribution to Anthropology, Medicine, Jurisprudence and Psychology. By MORIZ BENEDICT, Professor at Vienna. Translated from the German by E. P. FOWLER, M.D. New York: Wm. Wood & Co.

The object of this work is seen in the following quotations from the Preface: That man thinks, feels, desires, and acts according to the anatomical construction and physiological development of his brain, was even in olden times (Erasistrates) a conviction—or yet more precisely, it was a dogma among reflective natural philosophers. * * * The advance of general science, the founding of craniology by Blumenbach, the interest which Gall was able to arouse by his philosophical idealism and pioneering in anatomical studies of the brain—not even yet sufficiently valued—gave a new impulse. * * * In spite of all contradiction in details and in special cases, the proposition of Erisistrates has received continually increasing support through the increasing knowledge of the brain and its bony cask, and every new

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conquest of science has been, and will continue to be, cast into the balance of the scale. In this connection it is quite proper to ascertain whether that remarkable class of mankind, which represents the real essentials of criminality, does not furnish data which testify in favor of the proposition mentioned: *An inability to restrain themselves from the repetition of a crime, notwithstanding a full appreciation of the superior power of the law (society), and a lack of the sentiment of wrong, though with a clear perception of it,* constitute the two principal psychological characteristics of that class to which belongs more than one-half of condemned criminals. * * * The accompanying contribution upon the cerebral constitution of criminals exhibits mainly, deficiency—deficient gyrus development—and a consequent excess of fissures, which obviously are fundamental defects. These defects are evident throughout the entire extent of the brain, and *a priori* this was to be expected, as otherwise the inclination to faulty action would have found compensation through other brain factors. And again, in his closing pages, the author says: In order to acquire and spread abroad sensible views, and before all, that it may be clearly ascertained whether and how criminals can be corrected, and how society can best be protected from the scourge of crime, it will be necessary for scientific criminalists to adopt the methods of naturalists. It will be especially requisite to have institutions for purposes of observation and teaching, and these must be established in capital cities where prisons and the higher executive departments of justice are located, and above all, they should be confided to educated and scientific investigators.

The work is divided into, (a) a general Introduction, written more especially for the benefit of the non-professional reader; (b) an exhaustive study of the brains of twenty-two criminals; (c) recapitulations and deductions made from the results obtained. The book is one which must of necessity interest all thoughtful men, and should have a large sale. It is printed from large type on excellent paper, is profusely and well illustrated, and neatly bound.

A TREATISE ON ALBUMINURIA. By W. Howship Dickinson, M.D., Cantab., F.R.C.P., etc. New York: Wm. Wood & Co.

Dickinson on Albuminuria is the January (1881) volume of Wood's series of standard authors for the current year. The publishers richly deserve all the praise so liberally bestowed upon them by the medical press for the enterprise displayed by their house in offering to the profession, at an exceedingly moderate price, volume after volume of valuable books. Truly, even men of very limited income can well afford to spend fifteen dollars per year, if by so small a sacrifice (only a fraction of the amount invested in cigars and other "necessaries of life,") they can secure twelve good-sized standard treatises upon important medical subjects. A comparison of the current series with the set of 1879 and 1880 shows a decided improvement in the mechanical make-up of the publications. The paper is better, the type larger and clearer, the illustrations used are better and more numerous.

We infer therefrom that the venture has been a profitable one to the house; and it deserves to be profitable.

The author, after speaking at some length of the post-mortem state of the kidney in health, discusses albuminous urine and fibrinous casts in their general relation to the pathology of the kidney. Chapters III., IV., V. and VI. are devoted to an ex-

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haustive study on nephritis, its pathology, clinical history, symptoms, causes, and treatment. Granular degeneration of the kidney is treated upon in next four chapters, and Chapters XI., XII. and XIII. are given up to lardaceous disease. The following subjects receive attention in consecutive chapters: the condition of the heart and arteries in chronic renal diseases; the retinal changes common to albuminuria; the blood in albuminuria; general comparison of the three forms of renal disease which have been considered; alcohol as a cause of renal disease; climate in relation to renal disease. In Chapter XVIII. the author shows that the effects of alcohol upon the kidney, as a disease-producing factor, although sufficiently grave to demand serious attention at the hands of physicians, have nevertheless been greatly overestimated. We learn, in the closing chapter, that albuminuria prevails largely in temperate climates, with exemption in moderately hot and extremely cold countries; lardaceous disorder is found principally in hot countries. Atmospheric influences (humidity, etc.,) are shown to be potent factors in producing and modifying renal disorders; hence the author lays stress upon the wisdom of change of climate in certain grave affections of the organ, recommending particularly a dry, bracing climate; no relief, of course, is to be expected from such a change of climate if the structural changes in she kidneys are of the lardaceous order. This volume of three hundred pages is freely supplied with excellent illustrations; the chromo-lithograph plates are fully equal to any published in expensive works on kindred subjects.

A TREATISE ON THE MATERIA MEDICA AND THERAPEUTICS OF THE SKIN. By HENRY G. PIFFARD, Professor of Dermatology, Medical Department of the University of the City of New York, etc. New York: William Wood & Co., 27 Great Jones street. 1881. (Vol. ii. of Wood's Library for 1881.)

Dr. Piffard divides his work into two parts: I. Materia Medica; II. Therapeutics. The first division is of more than usual interest to us, because the author certainly shows far more thoroughness in his study of the remedies, so far as they effect the skin only, than we have for a long time seen in any other writer of his school. He even goes so far as to make the following subdivisions under the various remedies treated. (*a.*) Effects on the healthy skin that follow the ingestion of the drug. (*b.*) Effects produced on the healthy skin by the local application of the drug. (*c.*) Cutaneous affections in which the drug has been found curative or useful when administered internally. (*d.*) Cutaneous affections in which the drug has proven useful when locally applied.

The author adds that "in many instances one or more of these general heads is omitted for the reason that the author is not in possession of any facts or statements that could be properly included."

This subdivision promises well. It shows that Prof. Jœrg has at least a few followers in the ranks of the old school, and that we may still hope for the day when the whole medical profession shall understand the importance of drug effects upon the healthy organism. But we must not expect too much lest we be disappointed, even in Piffard, who goes on to say: "Until within a very few years there was hardly a drug credited with direct action on the skin, except Arsenic and the various diaphoretics. The treatises on materia medica were silent on the subject, and even the more recent ones barely refer to the matter in connection with Belladonna, Bromide of Potassium, and Quinine. It is true that, with the exception of a very few

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drugs, the phenomena recorded under *a* are rare and unusual, and it is this very fact that makes it important that they should be collected together in some available form, for reference, if for no other purpose."

How long, O Lord! how long will it be before our beloved brethren on the other side of the house will see themselves (and the truth) as others see them. Talk about "the phenomena recorded under *a*" being rare! Page upon page of absolutely reliable indications have been recorded by careful experimenters, and even Jœrg, and others of the straight-laced, have contributed thereto. Talk of the symptoms under *a* (action of the drug upon the healthy following the ingestion of the drug) being valuable for purposes of *reference!* Does the author mean that they should be used for reference daily and hourly? If so, never did he come nearer telling the truth!

Examination of the different remedies in the first grand division of the book shows a laudable effort at correctness and completeness; a few remedies have, under group *a*, quite a fair collection of symptoms, among them we might mention Arsenicum, Potassii jodidum, Potassii bromidum, Hyoscyamus, Hydrargyrum, etc. The second grand division of the work opens with some general advice, emphasizing the necessity of securing the best quality of drugs to be given, and of skillful prescribing, i. e., mixing them with "brains." Dr. Piffard's examination into the relative merits of homœopathic triturations, the results of which he published in December, 1877, are proof that, on this point at least, he practices what he preaches. After speaking of the use of electricity and of the actual cautery in connection with skin-diseases, he enters upon the systematic study of the various types of cutaneous affections. It is superfluous to state that the remarks upon their etiology, diagnosis, etc., show the writer's large experience and perfect familiarity with the subject.

His therapeutics are a curious mixture of the old and of the new. Insisting, in one place, upon giving one-fifth, one-tenth, or one-twentieth of the common dose of a certain remedy, recommending the use of drugs more familiar to us than to the old-school practitioners (as for instance: Rhus toxicodendron, Viola tricoloris, etc.), he is sufficiently orthodox on the next page to escape the dreaded charge of leaning toward the hated new school.

The work contains more than 325 pages, is well written, and, we think, is on the whole a most valuable addition to our library.

A TREATISE ON THE CONTINUED FEVERS. By JAMES C. WILSON, M. D., Physician to the Philadelphia Hospital, Lecturer on Physical Diagnosis at the Jefferson Medical College, etc., etc. With an Introduction by J. M. DA COSTA, M.D., Professor of the Practice of Medicine and Clinical Medicine at the Jefferson Medical College, etc. New York: William Wood & Co., 27 Great Jones street. 1881. (Wood Series of Standard Medical Authors for 1881.)

The diseases considered in this volume of nearly 400 pages are: Simple continued fever; influenza; cerebro-spinal fever; enteric or typhoid fever; typhus fever; relapsing fever; dengue.

The introduction, by Dr. DaCosta, is chiefly remarkable for its good common sense; it is pleasant to find advice like this: "To treat a case with the best chance of success, still something else is required,—the practical skill * * * which recognizes that all cases are not alike because they bear the same name; * * * which lays stress on peculiarity of causation, of temperament, of constitution; which

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sees, therefore, not only the disease in the sick man, but the sick man in the disease."

Each separate disease is treated very exhaustively, and a large amount of information is presented, in a very agreeable form, in the pages of the book. Concerning typhoid fever, Dr. Wilson says: "Without doubt the fever-producing principle is an organized germ, a micro-organism, a protomycete, a contagium vivum. It is by this theory alone that we can understand the known facts bearing upon the origin and transmission of the disease. Although the nature of the germ which produces enteric fever is unknown, many of its properties are established. (1.) It is invariably derived from a previous case of enteric fever. (2.) When introduced into the system it is, under favorable circumstances, capable of indefinitely reproducing itself. (3.) It is eliminated with the fecal discharges. (4.) It is not capable of producing enteric fever in other persons at once, but must undergo certain changes outside the body before it acquires this power. (5.) It retains its activity when it finds its way into favorable situations, for a lengthened period after it has passed out of the body, the requirements to this end being decomposing animal matter, especially fecal discharges and moisture. Hence, cesspools, sewers, drains, dungheaps, wet manured soils, are its usual habitat. (6.) There is reason to believe that in such situations it is capable of reproducing itself. (7.) It remains suspended in, and may be conveyed by, water used for drinking purposes, and usually finds access to the body by this means. (8.) Suspended in the atmosphere, it also reaches the blood by means of the inspired air."

Concerning prophylaxis, the author uses the following pointed language: "The one efficient measure which includes all others is the proper treatment of the dejections. The dejections of every case should be promptly and thoroughly disinfected. The destruction of organism in the stools, and the arrest of their development, may be accomplished by the action of powerful chemical agents. For this purpose solutions of Carbolic acid, in the proportion of 1.20 or 1.40, or of Sulphate of Iron, or of Chloride of Zinc are to be employed. Liebermeister uses a porcelain bed-pan, the bottom of which is strewn with Sulphate of Iron each time before being used. Immediately after the passage, crude Muriatic acid is poured over the fecal matter in considerable quantities, as much as one-third or one-half of the amount of the discharges being used. He also advises that, when practicable, the contents of the bed-pan should be emptied in trenches dug anew at short periods, and carefully filled up, care being taken that they are located at a distance from the sources of water-supply. Except in rural districts, this is, of course, impossible, and the dejections must be emptied into the ordinary water-closets or privy-vaults."

"All bedding and articles of clothing soiled with the excreta of the patient must be immediately removed and thrown into water containing Carbolic acid or Chloride of Zinc, and thoroughly boiled within the course of a few hours. Search must, in all instances, be made for the original cause of infection, and measures taken to correct faulty arrangements which lead to the pollution of drinking-water or of the air."

The author recommends highly, in the treatment of typhoid fevers, all those means which have a tendency "to keep the temperature during the whole course of the disease within the bounds of a moderate fever heat." The frequent use of cold affusions and of cold baths is strongly urged; cold packs, cold compresses and sponging with cold water are considered useful for purposes of cleanliness and

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grateful to the patient, but have no marked influence on the general heat of the body. Antipyritic treatment is contra-indicated by hæmorrhage from the bowels, great feebleness of the circulation, and coldness of the extremities and surface of the body, with high internal heat; it is also inadmissable in aged patients, and in cases complicated with chronic bronchititis, pulmonary emphysema, and organic disease of the heart. Small doses of Quinine are considered useless; the drug must be given in doses of from twenty to forty grains. The Salicylates and Digatalis, both in large doses, are also mentioned favorably. Special symptoms and complications are treated in the "regular" fashion, and alcoholic stimulants and opium are, as might be expected, frequently and strongly recommended.

The work is very readable, and is undoubtedly an important contribution to the literature of fevers.

A TREATISE ON DISEASES OF THE JOINTS. By RICHARD BARWELL, F.R.C.S., Senior Surgeon and Lecturer on Surgery, Charing Cross Hospital. Illustrated by numerous Engravings, on wood. New York: Wm. Wood & Co., 27 Great Jones street. 1881.

The author of this treatise is well known in the surgical world as an authority on diseases of the joints, and the earlier edition of this work has for years held an enviable position in surgical literature. The volume before us is almost a new work, the author having completely rewritten the former edition, he now offers to the profession the result of many years of hard labor in an handsome volume of more than 450 pages.

The different chapters are arranged as follows: I. Physiological anatomy. II. Acute synovitis. III. Suppurative synovitis. IV. Pyæmic joint disease and other absorption diseases. V. Strumous synovitis. VI. Subacute rheumatic synovitis. VII. Syphilitic and gouty. VIII. Hydrarthrosis or hydrops articuli. IX. Movable bodies in joints. X. Acute ostitis. XI. Chronic ostitis. XII. Arthritis deformans. XIII. Inflammation and Degeneration of cartilage. XIV. Hip joint disease. XV. Sacro-iliac disease. XVI. Affections of sheaths and bursæ. XVII. Hysteric pseudo-disease of joints. XVIII. Restoration of crippled joints. XIX. Genu varum and valgum. XX. The removal of diseased joints. Appendix to chapter XIV: On the alleged occurrence of real lengthening.

The book is written in an easy, graceful style, which is readily understood, and lends quite a charm to a subject somewhat dry to all but specialists. A large number of clinical cases and many illustrations—wood cuts—add greatly to the value of this standard text-book, which is nearly indispensable to gentlemen who are interested in the field of surgery.

PAMPHLETS, ETC., RECEIVED.

Walsh's Retrospect. A quarterly compendium of American medicine and surgery. April, 1881. To those of our physicians who desire to get the cream of the old-school journalism, we can heartily recommend this quarterly. Each number contains about two hundred pages of matter, and the moderate price of $2.50 per annum places the journal within the reach of all.

Annual Directory of Homœopathic Physicians, Societies and Institutions in the State of New York. May, 1881. Edited and published by A. P. Hollett, M.D., recording secretary of the Homœopathic Medical Society of the State of New York.

Diseases and Deformities of the Spine. By Robert A. Gunn, M.D. Reprint from volume viii. of the Transactions of the National Eclectic Medical Association.

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MEDICAL MEMORANDA

ANNOUNCEMENT.

The MEDICAL COUNSELOR having been received with such warm favor by the medical profession and the frequently-expressed wish that it be issued more often, has encouraged the publisher to issue it as often as *once a week*. This event, which will occur with the initial number of the Sixth volume, gives a forcible illustration of our unbounded confidence in its future and of our desire to keep pace with the wants of a rapidly-growing and prosperous school of medicine. No change will be made in the present successful editorial management. Each number of the WEEKLY MEDICAL COUNSELOR will contain sixteen large pages—over 800 a year. The first number will be mailed to subscribers on *Wednesday, October 5, 1881*, and on each Wednesday thereafter. The subscription price will be only Two Dolllars a year; two copies will be sent to two addresses for $3.50; three copies for $5; four copies for $6.50; five copies for $8., and six copies for $9. As the small amount of subcription will neither bear the trouble nor the expense or risk of numerous accounts, bills, statements, and consequent collections, no subscriptions can be received unless accompanied by remittance. A large circulation will insure a continued and steady improvement of the WEEKLY MEDICAL COUNSELOR, which has long been a special medium for disseminating medical intelligence among the profession. Any one desirous of furthering the aim of this journal, but not having the opportunity of personally soliciting subscriptions, can assist the undertaking by sending to the publisher the names and addresses of persons, within their own localities, to whom a sample copy may be sent.

EDITOR'S TABLE.

Dr. F. C. Sanborn has removed from Addison to Stowe, Vt.

Dr. B. F. Betts has removed from No. 1700 to 1609 Girard avenue.

Dr. J. C. Flynn has removed from Rocky Hill, O., to Warren, Mich.

Professors A. W. Woodward, R. N. Foster and J. S. Mitchell have returned from Europe.

Died.—Prof. Maurice Raymond, a distinguished physician, died on June 30th from angina pectoris.

Dr. William Boyer, of England, estimates the cost of a medical education in England, at about five thousand dollars.

Dr. W. F. Knoll has removed from Loran, Ill., to Waterloo, Ia., and has formed a partnership with Drs. Banton and Roberts.

Dr. Charcot has been appointed clinical professor of diseases of the nervous system in the Faculty of Medicine, University of Paris.

The second volume of Hempel and Arndt's Materia Medica and Therapeutics, containing over 900 pages, is in the hands of the subscribers.

Died.—M. Chantreuil, the distinguished obstetrician. He was engaged with M. Tarnier in writing an extensive treatise on obstetrical science and practice.

Dr. A. P. Davis has located at Dallas, Texas, in general practice, but is paying particular attention to diseases of the eye and ear, a specialty for the practice of which he is well qualified.

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Longmont, Colo., is a good opening for a live homœopath. Town growing rapidly, collections good, homœopathy well established; for further particulars address Dr. W. D. Scott, Box 158, Longmont, Colo.

The New York *Medical Times* says: "A Leipzig newspaper has recently been fined one hundred marks and costs, for printing a lecture before a Berlin society, in which homœopathy was denounced as quackery and swindling."

Japan is coming to the front. A commission has been appointed by the Japanese government charged with the task of preparing a Pharmacopœia Japanica. The commission is composed of nine natives and five Europeans, and sits at Tokio.

Alexandria, Fredricksburg, Charlottsville and Lexington, Va., and Martinsburg, W. Va., and Raleigh, Greensboro, and Salisbury, N. C., want good active homœopathic physicians. Particulars may be had from Dr. A. R. Barrett, Richmond, Va.

Messrs. William Wood & Co., medical publishers, have presented to the delegates to the London International Medical Congress, a little volume containing the provisional daily programme. The book is bound in blue silk, and is elegantly embossed in gold.

Dr. O. R. Long, of Ionia, Mich., ex-president of the Homœopathic Medical Society of the State of Michigan, well known through the state as a successful practitioner, has been appointed physician to the state House of Correction, located at Ionia, Mich.

Prof. G. F. Roberts, formerly professor of surgery in the Iowa University, has resigned his chair in that institution and accepted a professorship in the Chicago Homœopathic College. He will be the colleague of Professor Streeter in the department of gynæcology. Professor Roberts enjoys the reputation of being one of thn most attractive lecturers and brilliant operators in the northwest.

The oldest medical graduates in Philadelphia are Drs. Samuel Freedly, James Kitchen and J. Townsend Sharpless. All of them graduated in the Medical Department of the University of Pennsylvania, the first named in 1821, the others in 1822. Drs. Freedly and Kitchen, we need hardly mention, are among our best-known and most highly esteemed homœopathists. We should not be surprised to learn that they are the oldest graduates practicing homœopathy in the world. (*Hahn. Monthly.*)

There is a prospect that before many days there will be one medical college less in St. Louis, the institution about to pass out of existence being the St. Louis College of Homœopathic Physicians and Surgeons. Correspondence has been opened with Dr. Wm. C. Richardson, dean of the faculty of the Homœopathic Medical College of Missouri, who states that the negotiations for the absorption of the other college by his own will probably be completed in a very short time, nearly all the members of the faculty coming over and taking positions in the Missouri college.—*Communicated.*

Dr. G. N. Brigham, of Grand Rapids, Mich., is engaged in the preparation of a monograph on phthisis pulmonalis. The author desires to gather all clinical evidence available, and hopes to be able to demonstrate the curability, under specific homœopathic treatment, of phthisis in its various stages of development. He earnestly requests all physicians to communicate to him, at his address, 100 Monroe street, Grand Rapids, Mich., all clinical facts, personal experiences and views which may increase the value of the work undertaken. Due credit will be given to all sources of information, and Dr. Brigham will be glad to furnish postage, etc., for transmission of information called for.

The Chicago Homœopathic College "Preliminary Clinical Term" will open in the new college building, September 23d, at 10 A. M. This term will be devoted in the main to *clinical* instruction, and will tend to prepare the student to more readily comprehend the lectures of the regular course. Interspersed with occasional didactic lectures by the faculty, there will be sixteen clinical lectures delivered per week, ten in the college dispensary, and six in the Cook County hospital, in which students have all the privileges accorded to the students of Rush or other allopathic colleges. The emeritus professors—Shipman, Hale, Danforth and Pratt—will each give a special course of lectures during the coming winter session.

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THE

MEDICAL COUNSELOR

A MONTHLY JOURNAL
DEVOTED TO THE BEST INTERESTS OF HOMŒOPATHY.

"Amicus Plato, amicus Socrates, sed magis amica veritas."

H. R. ARNDT, M.D.
EDITOR,

GENERAL LIBRARY University of MICHIGAN

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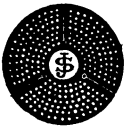

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LETTER OF W. E. FOREST, M. D.,

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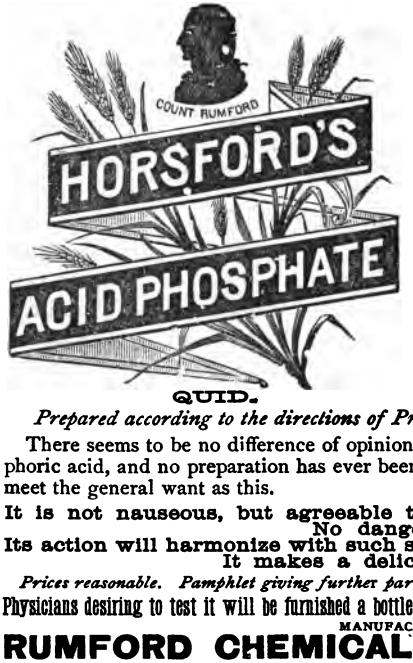

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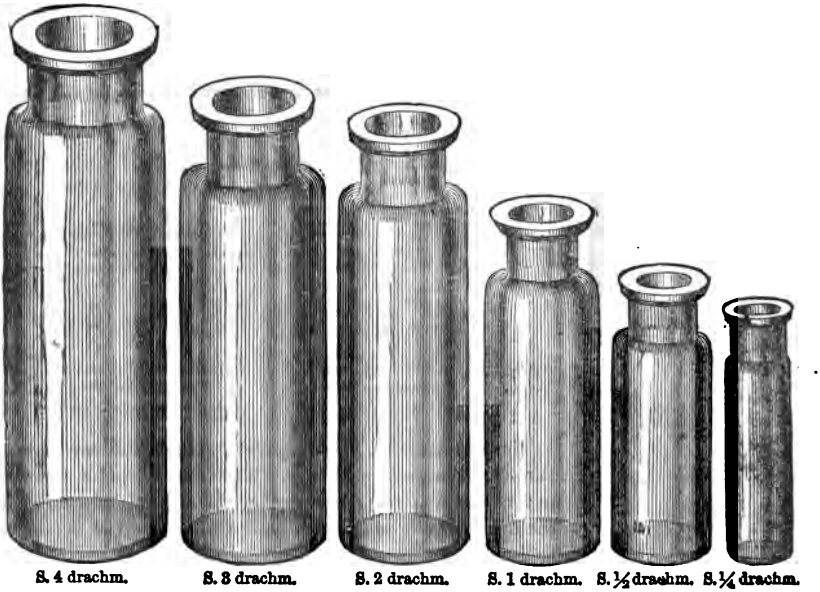

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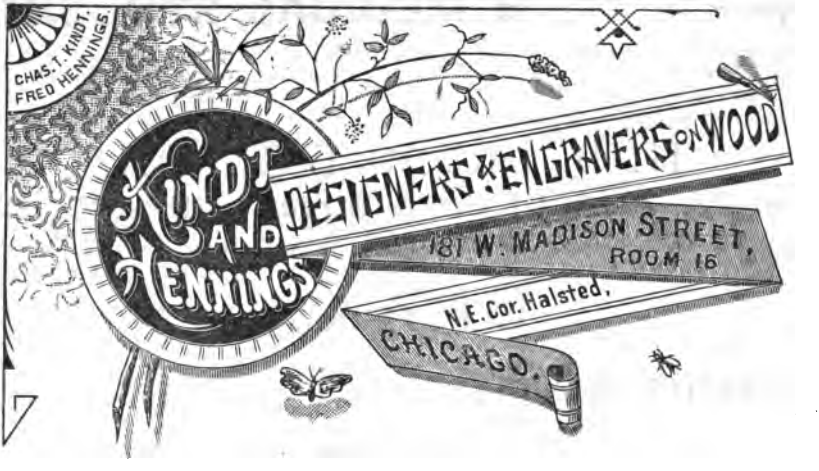

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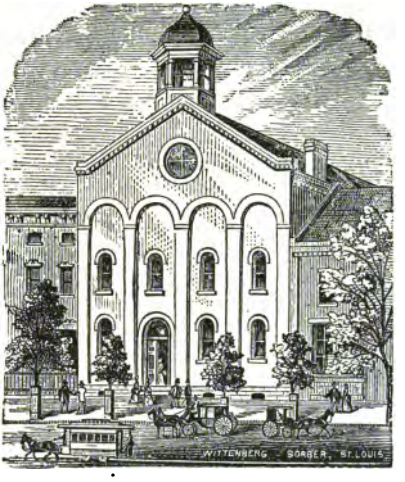

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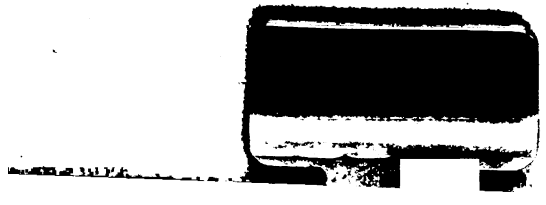

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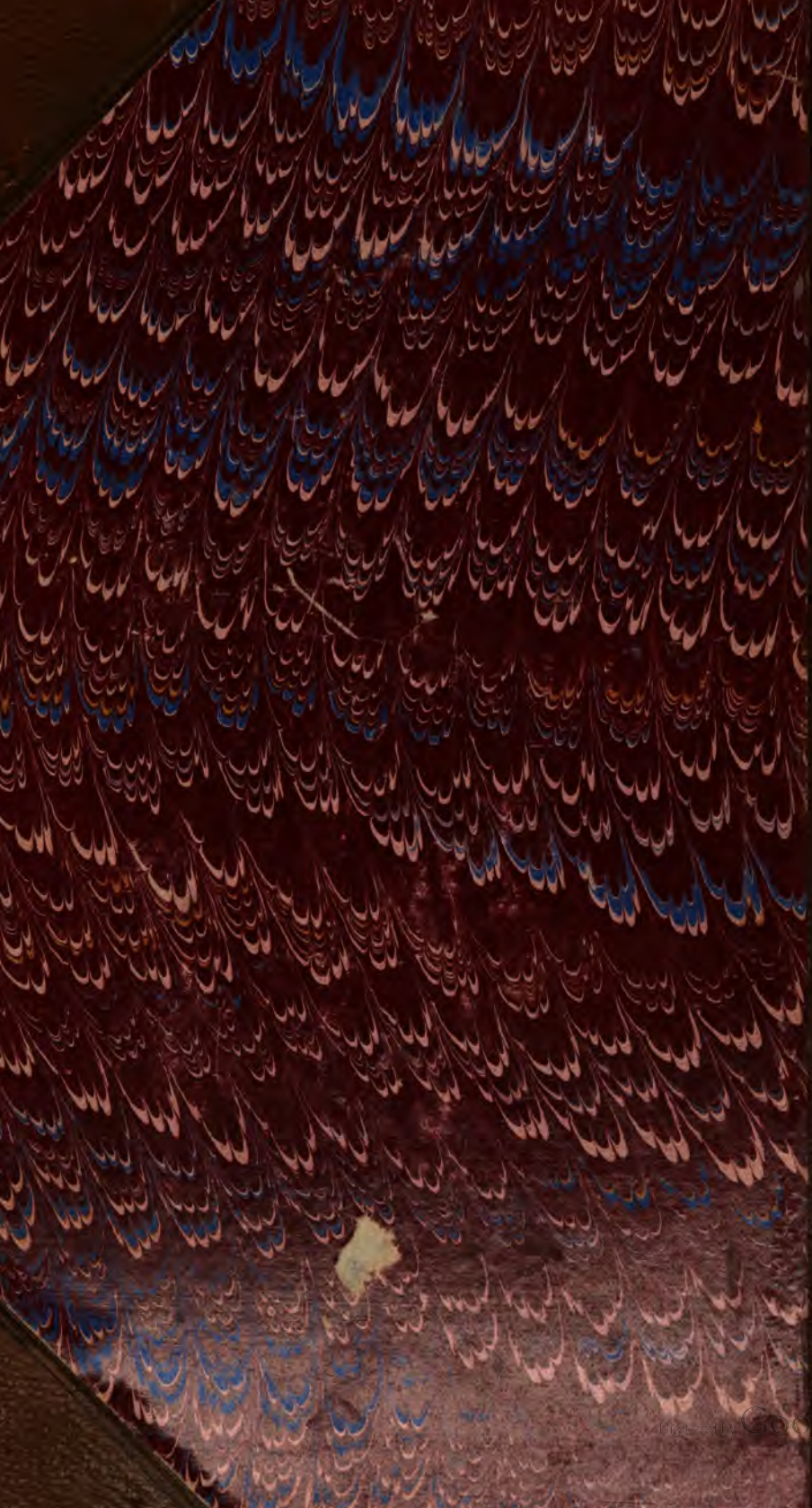
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